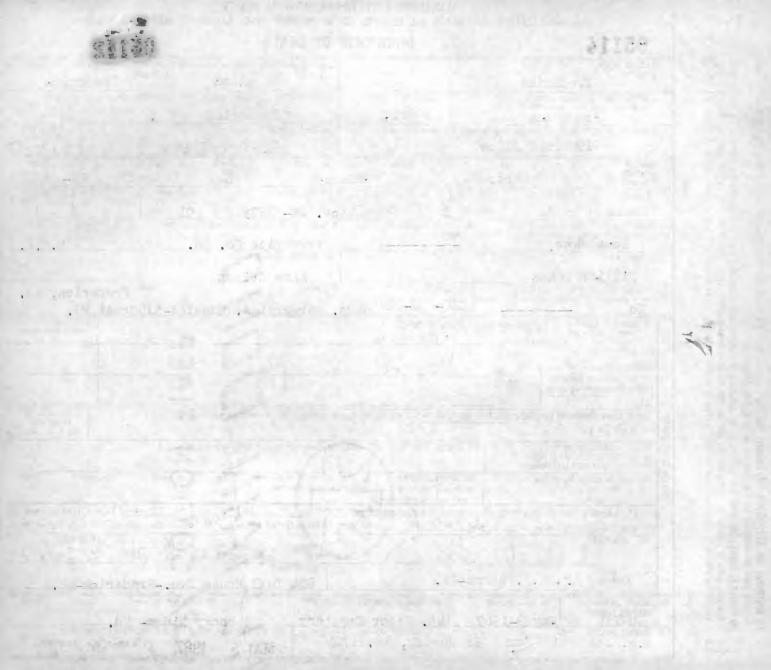
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYEAND 21201 CERTIFICATE OF DEATH 05114 The law requires that the death certificate be executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY o. STATE Maryland Frederick Frederick MARYLAND ve corbon papers. Pages I eyent, within 72 hours ofter completely filled in by the face to papers. Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Frederick yrs. Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 519 Grant Place 519 Grant Place NO TH 3 NAME OF First Middle Last 4. DATE Month Day Year please remove corbon DECEASED April 29-19 67 Gertrude Albaugh DEATH (Type ar print) IF LINDER 24 HRS AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH last birthday) Manths Days Hours and in ony DIVORCED Female. White WIDOWED Nov. 28- 1875 97 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a HSHAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Homemaker INDUSTRY Frederick Co. Md. II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. William Adams Anna Grimes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Frederick, Md. 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, ar unknawn) (If yes give war ar dates of service) 220- 52-21881 Mrs. Margaret A. Runkles-519Grant Pl. No cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (a) signed by Poge 4 may be retained by the hospital or ottending physicion. DHF TO Canditians, if any, which cave rise to immediate cause (a), **DUE TO** for use as the b Health prior to b stating the underlying cause this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES NO_ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur a.m. Not While 19 at wark at wark FUNERAL DIRECTOR: After 1964, 10 4/29/6 7 19 67, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. 4/30/67 and that death accurred an area M. from causes and an the date stated abave saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. director, poge 3 should be filed v M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. A.A. Pearre-Jr. 804 Toll House Ave.-Frederick-Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23h DATE THEREOF (County) REMOVAL (Specify)
BURIAL Tabor Cemetery Rocky Ridge- Md.
REGISTRAR 250, REGISTRAR'S SIGNATURE 0 Frederick, Md. 21701 2Sq. REC'D BY REGISTRAR ochorces VR A15 (4) DAMAY 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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law requires that the death certificate be executed, by 24 hours after dding physician.

The stending physician and completely by the funerally all the please remove carbon papers. Pages 1 and 2/should all the please remove carbon papers. Pages 1 and 2/should premation, or removal, and in any event, within 72 hours after death the please remove the please that the please th

HOSPITAL ATTENDING PHYSICIAN: The law requires that ath. Page 4 be retained by the hospital or attending physician. FUNERAL ECTOR: After this certificate has been signed by the ector, page 3 should be detached for use as the burial-transit permit. The state of the control of

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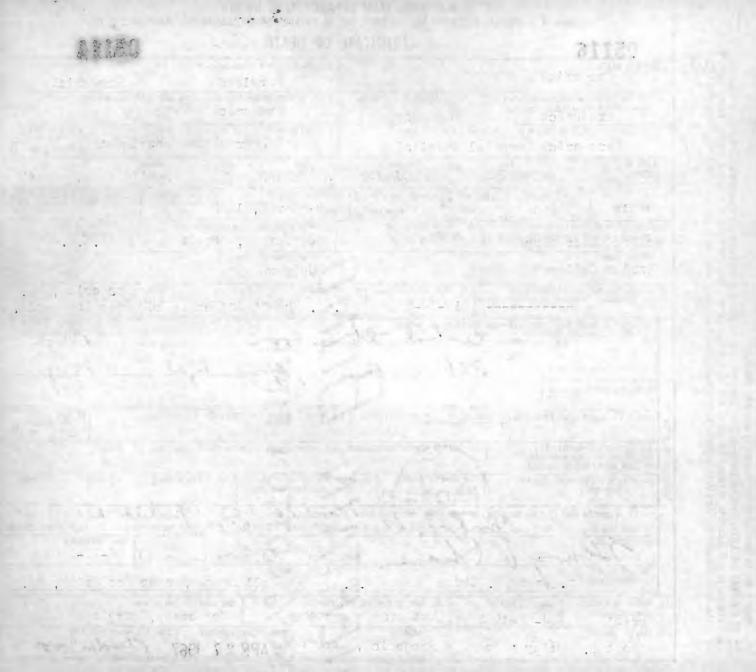
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C.E. Micke, 111 Predantos, Marylond

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remave carban papers. Pages 1 end 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Frederick o. STATE b. COUNTY Maryland Frederick MARYIAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nedrest town) transit permit. Then please remave carban papers. Pages cremation, ar remaval, and in any event, within 72 haurs aft CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits. write RURAL and give neprest tawn) Frederick days Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 203 Brooklawn Apartments Frederick Memorial Hospital NO P 3. NAME OF Middle 4. DATE Month Dov CATHERINE DECEASED CULLER **AUSHERMAN** April 22. 67 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last sinhday) Days Hours November 8, 1903 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired). Retired Secretary INDUSTRY COUNTRY? A. Jefferson, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Culler Unknown Address Frederick. Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes no ar unknawn) ((If yes give war ar dotes of service) 212-14-9508 Mr. C. Hubert Ausherman 203 Brooklawn Apts. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES [20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. Not While factory, street, affice bldg., etc.) While 19 at wark at work 21. I certify that (I) (this hospital) attended the deceased from March 6, 1962, to 92, 1967, that (I) (we) last sow the deceased alive and 1967, and that death occurred at 1967, the state of the stat sow the deceosed olive on 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 4-22-1967 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Henry V. Chase 804 Toll House Avenue Frederick. Md. M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Lutheran Cemetery Jefferson, Maryland 1=25-1967 0 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Frederick, Maryland APR VR A15 (4) 20 M 1/66 Dailey & Sph



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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 05120 FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF BEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Montgome ry Marvland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. City OR TOWN (If outside corporete limits, write RURAL and give nearest town) Bethesda Frederick the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? ay 7 3 to 3 Frederick Memorial Hospital Derbyshire Court YES | NO 3 and 3. 3. NAME OF First Middle Last DATE Month Year DECEASED April 67 (Type or print) CARLSON DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days White Hours Female. July 14. WIDOWED ! DIVORCED [77] 10s. USUAL OCCUPATION (Give kind of work done duting most of working life, even if retired)

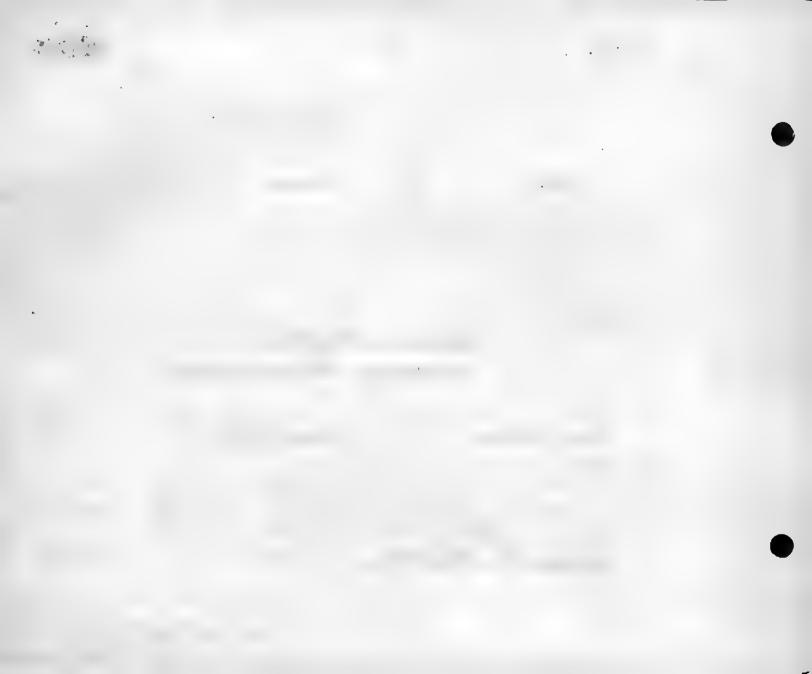
A Studenti Industry 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Washington, D. C. S. 13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME Herbert D. Carlson Eleanor Cheesman and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT Father (Yes. no, or unkown) (If yes give war or dates of service) Same as Item 2. removal. None Herbert Carlson 18. CAUSE OF DEATH [Enter only one cause det, line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 70 burlal-transit cremation, DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (e), steting the œ underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES V NO [2 5 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should lagent, pri MEDICAL TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work at work should 21. I certify that I took charge of the remains described above, held an Autopsy \int_{\text{\chi}} Inspection Inquiry and In my opinion FUNERAL DIRECTOR: Natural causes 52. Accident Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER your Page ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 101 DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained NAME (Type) Address (Street, city, town, or county) TEGE #1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF BURIAL, CREMATION, 23b. REMOVAL (Specify) 0 4-17-67 Alexandria Natl Cem. Alexandria. 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** PUMPHREY, Bethesda, Maryland VR ALSME (5) 1/65

	05121CERTIFICATE	OF DEATH	05119
1	1. PLACE OF DEATH e. COUNTY 2.	USUAL RESIDENCE (Where decessed in	
	Frederick MABYLAND	*. STATE Maryland	Frederick
	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporete limit	ifs, write RURAL and give nearest to
	Frederick	Frederick	,
Ì	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS F
	Frederick Nursing Center	6 Fairview Ave	enue YES
3	NAME OF First Middle (CORI	NINE A. DATE	Month Day Yas
	(Type or print) Peras C. Lon	2 / -	Apr. 1 4 19
3		TE OF BISTH 9. AGE (I	n years IF UNDER I YEAR IF UNDE
		y 19, 1887 79 bir	thday) Months Deys Hours
1	10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11	. BIRTHPLACE (County & State, or foreign of	ountry) 12. CITIZEN OF WHAT
Ľ	done during most of working life, even if ratified) Career Officer U.S.N. U.S. Navy	Chevy Chase, Marylan	d U.S.A.
		MOTHER'S MAIDEN NAME	
ı	Edward A. Corning	Annie L. Reid	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1.17. INFO		Address
ľ	(Yas, no. or unkown) (Hyesgivewarordatesofsarvice)	Ethol E Comming 6 D	Spinnia Amo Emac
~	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]	Ethel_F. Corning 6 F	1 INTERVAL B
		b will to last	ONSET AND
		hattle Carebral	aring GDC
	Conditions, if any, which \ (b) (one will Cartin		10.
l	geve rise to immediate cause	world six	1 9
П	(e), stating the underlying OUE TO		
١,	causa last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASS CONDITI	ON GIVEN IN BART (I-) 10 WAS
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATA BOTHOT REL	TATED TO THE TERMINAL DISEASE CONDITIO	PERF
120	20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURRED (FE		YES 🗌
ED71	208. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (EP	nter neture of injury in Part I or Part II of item	15./
		T MALLOW MA	1
100	Hour a.m. While Not While fectory, s	F INJURY (Home, farm, 20f. (City or town threat, office bldg., etc.)	(County)
12	7 1 0	i	
	21. I certify that (I) (this hospital) attended the deceased from	1967 to 4-	9.5.2, that (I)
	saw the deceased alive on 4-4 1967, and that deal	th occurred at AM, from the ca	uses and on the date stated
	22a. SIGNATURE	ATTENOINGMEOSTAF	22 F
	Thomas E. Stone M.O.	PHYS. OIRECTOR PHYS	
	22c. PHYSICIAN'S NAME (Type) 7	22d. ADDRESS	in D
	1 nomas SIONIZ	trederail,	in R
2	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR C		City, town or county)
	Burial (Spacify) 4-6-1967 Mount Olivet Co	emetery Frederic	k, Maryland
	24 FONERAL DIRECTOR SESSIONATURE SI	25a, REC'O BY REGISTRAR 2	SE DEGISTRAP'S SIGNATURE
2	Robert E. Dailey Son Frederick, Mar		SUL SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05122 requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. STATE e. COUNTY Frederick Frederick MARYLAND 4arvland transit permit. Then please remave carban papers. Pages 1 crematian, or remaval, and in any event, within 72 haurs after filled in by the ru c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Month Unionville Tradaria! IS RESIDENCE ON A FARM d. STREET ADDRESS d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) NO S YES Fre 'erick Temori Hospita and campletely fi remave carban 4 DATE Month Year NAME OF DECEASED DEATH (Type or print) AGE (In years IF UNDER 1 YEAR DATE OF BIRTH NEVER MARRIED 7. MARRIED last birthdoy) Months Hours Oct. 30, 1 female White X DIVORCED WIDOWED and o 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o ESUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Frederick Co.. .ousevif**ê** 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Somuel Harn Barbara A. Nicodemus 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND (Yes, no, or unknown) (If yes give wor or dotes of service) G. Danner Randallstown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO ARTERIOSCHEROSIS Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse has been of Health prior to far use as the lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? EMPOMETRIUM NO HOENOCARCINAMA O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 67 to. 21. I certify that (1) (this haspital) (attended the deceased fram. M, from causes and on the date stated abave and that death occurred at saw the deceased olive on. 22b. DATE/SIGNED 22p. SIGNATURE STAFF PHYS. **ATTENDING** M.D. DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Reviolds Louse Ave. 37 61, 370 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION REMOVAL (Specify) Linganore Cemetery Frederick 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Britesville, 1d.

MARYLAND STATE DEPARIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21247 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05123 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed I ved of institution. Residence before odmission) · COLNIY Frederick o STATE laryland b COUNTYFrederick death MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest town) write RdRAL and guig neoces town) Brunswick d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? hours South Maple Ave. YES NO T 3 NAME OF First Middle lost 4 DATE Month DECEASED ERNEST MILTON DAY along w (Type or print) DEATH Within S SEX IE LINDER 1 YEAR 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH 9 AGE (In veors IF UNDER 24 HRS NEVER MARRIED ij 8 ipst birthdoy) White 3/29/1886 Months Hours Male DIVORCED WIDOWED event 10a USUAL OCCUPAT ON (Give kind of work done 10b. K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT RAPTTroad COUNTRY?A gatura west of working plan executive the Virginia B&d ony Exominer's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Henry Day unknown puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or inknown) [(If yes give war ar dates of service) removal, Mrs. Thelma Myers, Mt. Ranier Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line to PART DEATH WAS CAUSED BY ONSET AND DEATH ō IMMEDIATE CAUSE (o) This certificate should writing the word burial, cremation, D. F 10 Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate. YES 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of tem 18) PRIMARY I or CONTRIBUTING I DITAL EXAMINER: CAUSE OF DEATH 29c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg , etc) FUNERAL DIRECTOR: Poge Health or its designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 โกตนเท and in my apinion Natural causes . funeral director. death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER | **EXAMINER'S** Thomas, M.D. Robert Address (Street, city, town, or county) NAME (Type) 23a BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 50 REMOVAL (Specify)
Buria Knoxville Maryland Knoxville Cemetery Bruffswick Marylaho RECD BY REG STRAK 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/66



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e o	3.	NAME OF DECEASED		First		Middle		Last		4. DATE	Mon	th	Day	Year
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STATE OF THE STATE			-	y D. D	olni	h				Roop				
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ted with in penc Examiner Sit perm			EATH [Enter ATH WAS CAL IMMEDIATE	JSED BY:	se reli	ne for (a), (b), and	(c).]	Heart	- 9	ailu	~2.			YAL BETWEEN I AND DEATH
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O DEPUTY please er director. retained O FUNERA of Health	23a	REMOVAL (Spe	ATION, 23b.	DATE THERE		23c. NAME OF	CEMETERY	OR CREMATOR	₹Y	23d. LOC	ATION (City, 1	own or cou	nty)	(State)
5 2 5 6	24.	T. C. I. co. T.	14/:	2/196	7	ADDRESS	C. np		Sa DENI	Car	TRAR 25b.	CO.	SIGNA	TURE
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RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 95126 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence by o. STATIMIC o. COUNTY b. COUNTY Frederick MARYLAND Affed in by the f b CITY OR TOWN (If outside corporate mits, water RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) rederick Dickerson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B. IS RESIDENCE ON A FARM? popers. d. STREET ADDRESS Frederick Memo Hospital YES EL NO 3. NAME OF Middle 4. DATE Day Last Year the attending physicion and completely, sit permit. Then please remove carban DECEASED (Type or pant) 2 DEATH 19 IF UNDER 1 YEAR S. SEX IF UNDER 24 HR COLOR OR RACE DATE OF BIRTH In years 7 MARRIED NEVER MARRIED lost & rthday) Months Doys Haurs and in ony WIDOWED DIVORCED 20.1900 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT OCCUPATION (Give kind of work done COUNTRY? during mast of warking life, even if retired) INDUSTRY Farmer 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME removol. Dorsett William Roberta Coombs 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no or unknown) (If yes give wor or dates af service) 5 Helen J. Dorsett 218.56.8459 Dickerson Mn INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove nse to immediate cause (a), DUF TO stoting the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been os the last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use of Heolth NO 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice blda, etc.) Not While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram. 19 6.3. to 1967, that (I) (we) last and that death accurred at 4.10/2M, from causes and an the date stated above saw the deceased alive and 22g. SIGNATHRE 22b. DATE SIGNED DIRECTOR M.D. PHYS. PHYS. director, page should be filed 22d, ADDRESS 22c. PHYSICIAN S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, (County) Cremation 4.26.67 Lee's Crematory Washington D. C.
REGISTRAR 736 REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ochowley VR A15 (4) Lee Funeral Home 300.4th st N 20 M 1/66



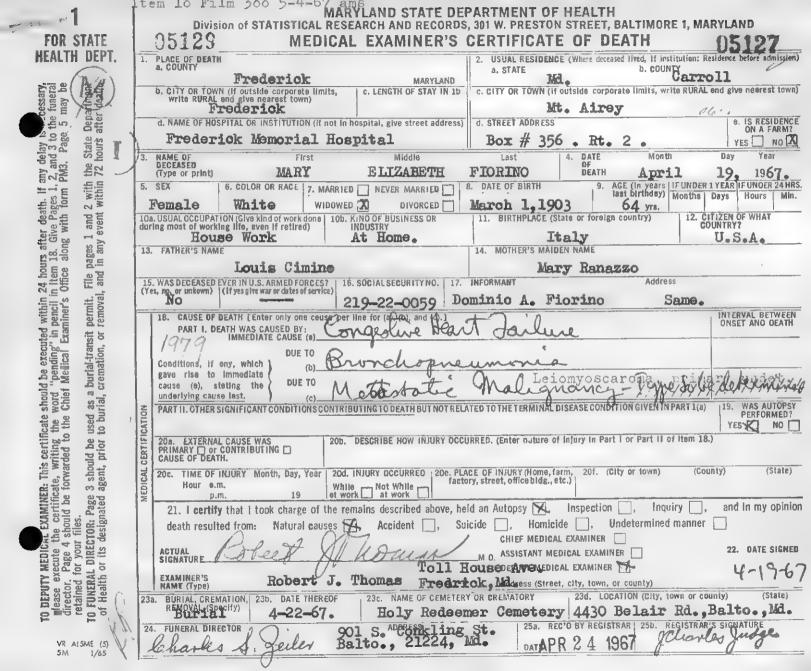
		MARYLANI	STATE DEPARTM	ENT OF HEALTH—BALTIMO	RE, 18
V		05127	CERTIFICA	ATE OF DEATH	Reg. Di 15125
		PLACE OF DEATH o. COUNTY Frederick	MARYLAND	o. STATE Maryland b. 6	f institution. Residence before odm ssion) COUNTY Frederick
	Г	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits	, write RURAL and give nearest town)
	L	Frederick	Lifetime	Frederick	1.1
21		d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Frederick Nursing Home	· ·	d. STREET ADDRESS 116 E. 3rd. St.	e. IS RESIDENCE ON A FARM? YES NO
-	3.	NAME OF DECEASED (Type or print) And Pearl	Niddle Virginia	Last 4. DATE OF DEATH (C	Month Day Year
ľ	5.		RRIED NEVER MARRIED D	Sept. 25-1888 9 AGE/ 1 Sept. 25-1888 78	n years IF UNDER I YEAR IF UNDER 24 HR rihdoy) Months Days Hours Min.
	100	i. USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if retired) Registered Nurse	. KIND OF BUSINESS OR INDUS		12.CITIZEN OF WHAT COUNTRY U. S. A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	L	Edward M. Staley		Lauretta V. Angle	berger
	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 10 and, or unknown) [(If yes, give wor or dates of service)		FORMANT	Address
		No	220- 30-91744 1	Mrs. Lucy Monk- Route 3	- Frederick, Md.2170
	z	Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying couse last. DUE TO DUE TO (c)	with hotast	hala .	CONCRETA IN PART II-120 WAS ALTON
ř	CERTIFICATION	arterio cher	tic feart	NOT REVATED TO THE TERMINAL DISEASE CONDITION OF THE PORT II OF PORT II OF FORT II OF FORT II OF THE PORT II OF	PERFORMED? YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
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		21. I certify that I attended the deceded alive on 12 19 ACTUAL SIGNATURE	1 20	occurred of 9 MM, from the country of the country o	
1		PHYSICIAN'S A. A. Pearre-	Sr.		
	220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 14-3-1967	natomy Board Johns Hopkins	Hospital Baltimo	
	23.	M.R. Etchison & Son	Frederick, Md	RECES 240 RECESTRAR 2	b. REGISTRAR'S SIGNATURE



- Andrews	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN	ORE, MARYLAND 21201
2 62 4	05128 CERTIFICATE OF DEATH	05126
the track		lived, if institution: Residence before admission)
funeral Todd	o. COUNTY Frederick MARYLAND O. STATE Maryla	nd b. COUNTY Frederick
e de le	b CITY OR TOWN (If autside carparate limits c LENGTH OF STAY IN 1b c, CITY OR TOWN (If autside carparate	amits, write RURAL and give nearest town)
urs urs	b CITY OR TOWN (If autside carparate write RURAL and give nearest tawn) Trederick Lines Woodsbor	o rural /1/
ha ha	d. NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ted opposite 7.	Frederick Memorial Hospital	YES NO 🔀
ithur y fil vith	3. NAME OF Eirst Middle Last 4. DATE	Month Day Year
I will will appropriate the state of the sta	DECEASED (Type or print) JOHN WM. ENGLE	April 7 19 67
at a see	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9	AGE (In years IFUNDER 1 YEAR IF JNDER 24 HRS.
o d co	male white WIDOWED DIVORCED 11-5-1904	62 yis.
an a	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TV& Radio repair Own Business 11 BIRTHPLACE (County & State, or fore INDUSTRY Dwn Business Maryland	
rian rian and	TV& Radio repair Own Business Maryland	COUNTRY? TISA
ifico P P P P P P P P P P P P P P P P P P P	13. FATHER'S NAME	
They cert	Howard Engle Bertha	Martin
ath it.	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 215–26–8461 Marx E. Fragle	Address
de de l'in, o	No Tary E. Engle	Woodsboro, Md.
The law requires that the death certificate be executed within 24 haurs after death of the death of the artending physician. I has been signed by the attending physician and completely filled in by the funeral use as the burial-transit permit. Then please remove carban papers Pages Taged if the priar ta burial, crematian, or remayal, and it any event, within 72 haurs after death.	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart desease Coronary Occles	INTERVAL BETWEEN ONSET AND DEATH
s the cign of the	H. 201 DUE TO	
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or or us	5 1 Chronic Reptoler Jewen 2) Victeles "	Mild YES NO 14
OR ATTENDING PHYSICIAN: be retained by the hospital or NRECTOR: After this certificate e 3 shauld be detached for used with the State Dept. of Heal	Chronic Peptentia Seven 2 Dieletes 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. TIME OF INJURY Month, Day, Year Hour a.m. 202 INJURY OCCURRED 202. PLACE OF INJURY (Home, form, factory, street, office bidg., etc.) 203. 204. 205. 206. 20	If of item 18.}
hay hay ept-	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f	(City ar town) (County) (State)
te D	Hour a.m. While Not While of work at work at work	- 1
Afte by Sta	21. I certify that (1) (this hospital) attended the deceased from Felix 3 1967, to	Ofr: 7, 19 67 that (i) (we) lost
TEN TEN TEN THE	saw the deceased olive on 40-M, and that death occurred at 40-M,	
A S D S S	220. SIGNATURE ATTENDING MED	STAFF 22b. DATE SIGNED
Pe 3 Se sed v	M.D. PHYS. DIRECTOR I	PHYS.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creasing the state Dept. of Health priar ta burial, creasing the state Dept.	22c. PHYSICIANS NAME (Type) James K. Gray Thurr	nont, Md.
UNE 4 Part of a sector		ATION (City or Town) (County) (Stote)
0 g 0 j g k	BEENOVALEDECTY) 4-10-67 Rocky Hill Cem. Nr.	. Woodsboro Md. Fred
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR COADARA TORISS	Profesional Scientific CO.
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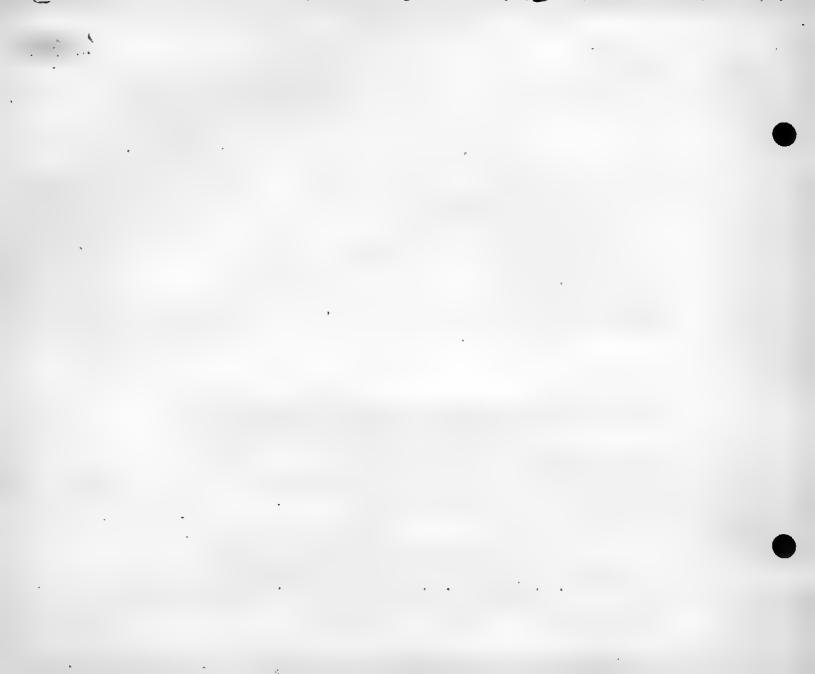
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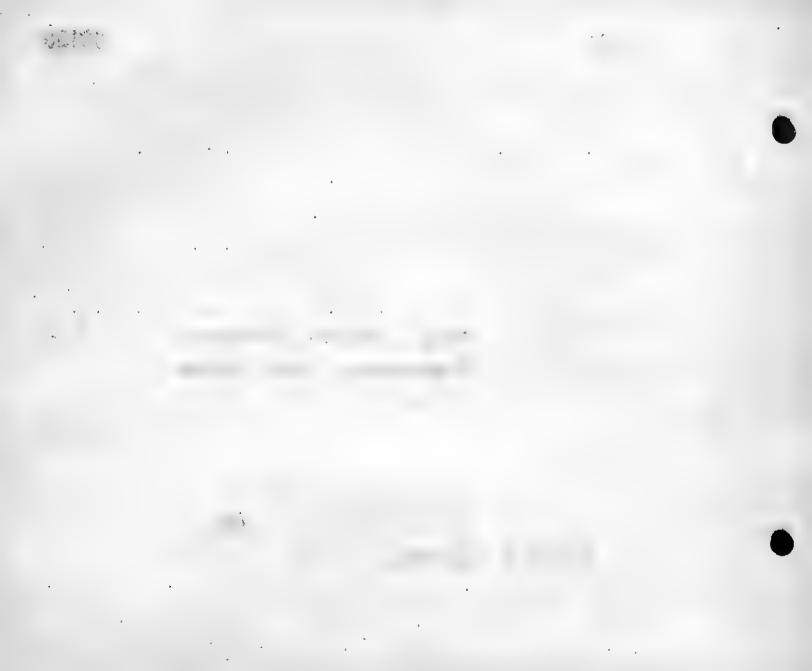




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the ottending physician and completely filled in by the funeral st permit. Then please remove/corbon papers. Pages 1 and notion, or removal, and in any event, within 72 hours after deal a COUNTY Frederick h COUNTY Frederick o STATE Maryland MARYLAND b CITY OR TOWN (It autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corparate limits, write RURAL and give nearest tawn) Years Route # L d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route #4, Frederick, Md. Route # 4, Frederick, Maryland NO X 3. NAME OF First Middle Last 4. DATE Year DECEASED OF DEATH 1967 FISHER OSCAR APRIL DANTEL (Type or print) S. SEX B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED ₩Ţ **NEVER MARRIED** Jast birthday) Days Haurs DIVORCED August 1, 1904 WIDOWED White Male 1Da LSUAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Frederick City COUNTRY? Frederick, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or remova Daniel L. Fisher Lidia Summers 15 WAS DECEASED EVER IN L. 5 ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af service) .7 INFORMANT 16 SOCIAL SECURITY NO Address burial-trons# permit. 219 20 1152 Mrs. Pearl Fisher (Same as item #2) 18. CAUSE OF DEATH (Enter on y one cause per lyne for (a), (b), and (c))/ INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending this certificate has been for use os the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) of Health NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Not While factory, street, office bldg., etc.) 19 O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram... 196 and that death accurred at 1130 M. from couses and on the date stated above sow the deceased alive an. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. April 7,1967 director, poge 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 228 N. Market Street, Frederick, Md. NAME (Type) B. O. Thomas, Jr. M. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23g. BURIAL CREMATION 23b. DATE THEREOF (County) Burial (Specify) Frederick, Laryland Aprillo. 1967 Mount Olivet Cemetery 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 74 ADDRESS Jakelsen 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland DATAPR



MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05131 CERTIFICATE OF DEATH within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY d. STATE **b.** COUNTY Maryland Frederick Frederick MARYLAND papers. Pages 11 In 72 hours after c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give negrest town) Frederick Frederick Tifetime d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO -1188 N. Market St. 1188 N. Market St 3. NAME OF Middle Last 4. DATE Month Dov Year and campledely remave carron DECEASED April 1967 Herbert Sawver Hahn- Sr. 25-DEATH burial-transit permit. Then please remave care burial, crematian, ar remaval, and in ony event, (Type or print) requires that the death certificate be executed IF JNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED -NEVER MARRIED last birthday) Months Hours Days WIDOWED DIVORCED White pr. 10-1893 Male 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Electrical Contractor Frederick Co. Md. U.S.A 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Charles N. Hahn Ida Sawyer 17 INFORMANT Address Frederick-Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 7629 Mrs. Rebecca M. Hahn-1188 N. Mkt.St.-Yes 216- 22-INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY HROMBOSIS IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove HRTERIOSCHERUTIC rise to immediate couse (a), DUE TO stating the underlying cause far use as the b this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO F 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Not While 19 at work FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased from 12-16-, 1963, to 4-20-, 1967, that (1) (we) lost saw the deceased alive on 4-25-1967, and that death occurred at 345, M, from causes and an the date stated above. r, page 3 should to 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** PHYS DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Dr. Richard C. Revnolds 804 Toll House Ave.-Frederick, Md. 21701 director, shauld b 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Frederick, Md. 21701 Mt. Olivet Cemetery 0 2Sa, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Frederick, Md.21701 .Etchison & Son DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05130 05132 CERTIFICATE OF DEATH 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funeral o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND filled in by the fa event, within 72 hours aft b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick vrs. Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled i Frederick Memorial Hospital 18 West South St. YES NO 3x requires that the death certificate be executed within pleose remove corbon 3 NAME OF 4. DATE Middle Month Year Day attending physician and completely sermit. Then please remove corban DECEASED APR. 1967 (Type or print) udrew DEATH 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED DATE OF SIRTH AGE (In years IF UNDER 24 HRS. NEVER MARRIED lost pirthday) Months Days Hours in ony E Aug. 20-1896 Male X White WIDOWED DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT dur ng most of working life even if retired)
Retired Dairyman Retail COUNTRY? and Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal. Philip R. Hobbs Laura Jane Haugh WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) Mehrle L. Hobbs-313 N. Mkt.St.-Frederick-Md. Yes War signed by the o buriol-tronsit po buriol, crematio 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b) and (c) INTERVAL_BETWEEN PART | DEATH WAS CAUSED BY ON EL AND DI IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying couse hos been director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Usw YES. TXL NO TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20f. (County) (Stote) factory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased from OCT, 1954, to APR 21 ., 1967, that (I) (we) last be retained saw the deceased alive an APR . 2! 1967, and that death occurred at 3:40tm, fram couses and an the date stated above. 22a. SIGNATURE 22b DATE SIGNED ATTENDING APR 22 67 M.D. PHYS DIRECTOR PHYS ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. R. Michels Frederick Medical Center-Frederick-Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8 JRIAL, CREMATION. (Stote) (County) REMOVAL (Specify) Frederick, Md. 21701 Mt. Olivet Cemetery 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE 2So. REC'D 8Y REGISTRAR VR A15 [4] rederick, Md.21701



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where datessad lived, if Institution: Rasidence before admission) e. COUNTY a. STATE b. COUNTY Frederick
b. CITY OR TOWN (if outside corporata limits, Frederick MARYLAND Maryland c. CITY OR TOWN II outside corporate limits, write RURAL and give namest town) c. LENGTH OF STAY IN 16 write_RURAL and give nearest town) .⊑ Frederick Middletown years hours aft d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address d. STREET ADDRESS IS RESIDENCE ON A FARM? Montevue County Home completely papers. YES NO 2 NAME OF First Year Middle 4. DATE Month DECEASED OF (Type or print) Joseph DEATH Hoffman 1967 withi carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX and 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday] male Months white Hours certificate WIDOWED [physician гелоуе 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, evan if retirad) any transportation Frederick Co., Md. U.S. 2 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending 늅 Lorin K. Hoffman Minnie Palmer Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Donald Hoffman, Middletown, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ģ INTERVAL BÉTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a burial-transit DUE TO Conditions, if any, which gave risa to immadiate cause DUE TO (e), stating the undarlying cause last hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY IV) 2 CERTIFICATION PERFORMED? prior use NO [Por 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) (Stata) (County) þ factory, street, offica bldg., atc.) While Not While Hour a.m. DIRECTOR Dept. at work at work p.m. pe 21. I certify that (i) (this hospital) attended the deceased from plnods State .M. from the causes and on the date stated above. saw the deceased alive on. , and that death occurred at тау 22a SIGNATURE 2b./DATE **ATTENDING** STAFF SIGNED TO HOSPITAL FUNERAL with ± PHYS. DIRECTOR Page M.D. 22c. PHÝSICIAN'S 22d. ADDRESS director, p NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION. (Stata) REMOVAL (Spacify) U.B. Cemeterv Myersville. Fred 25s. REC'D BY REGISTRAR 25b. REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Company, Midelletown, Md. VR AIS (4) 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY Frederick Maryland Carroll after MARYLAND City OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. Page nin 72 hours a hours days Tanevtown Frederick 프 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) fille d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Frederick Memorial Hospital YES NO X Carroll Heights <u>~</u> 3. NAME DE Middle Last DATE Month Day Year DECEASED 13 19 67 event, April (Type or print) Mildred Hoover DEATH Rowe executed. 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. Jast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE emove 7. MARRIED Y NEVER MARRIED Female White WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician n please r INDUSTRY certificate be COUNTRY? and U.S.A. **经格格特许特许** Baltimore City. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Bessie Poulton William H Rowe 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16, SOCIAL SECURITY NO. transit permit. Md. death (Yes, no, or unkown) (If yes nive war or dates of service) Cyrus R. Hoover, Carroll Heights. Tanevtown the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) been signed by the burial-transit or to burial, crema ONSET AND DEATH DEATH WAS CAUSED BY: SIMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO (a), stating the prior 1 underlying cause last. 35 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use e Dept. of Health PERFORMED? NO D YES the hospital 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **■**EDICAL 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20f. (City or town) (County) factory, street, office bldg., etc.) بە Hour a.m. Not While While at work L et work ATTENDIN be retained should th the 21. I certify that (I) (this hospital) attended the deceased from Q that (I) (we) last DIRECTOR: age 3 should and that death occurred at 6/5 M. from the causes and on the date stated above. saw the deceased alive on A 22b. DATE SIGNED 22a. SIGNATURE page TO Hose 4 may ? M.D. PHYS. PHYS. TO FUNERAL ADDRESS PHYSICIAN'S director, p should be t NAME (Type) Jesse S Frederick. Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Baltimore Buria. Lorriane Park Cemetery Marvland REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Tanevtown. Md. VR A15 (4) .0. Fuss & Son 15M 4-64

A MAY IN THE STATE OF THE STATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05135 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY o. STATE b COUNTY Page Frederick MARYLAND Marvland Frederick b City OR TOWN (If outside corporate limits ¢ TENGTH OF STAY IN 1h c CITY OR TOWN (If autside corparate firmits, write RURAL and give nearest town) pup write RJRAL and a ve nearest lawn) Rural- Buckeystown Several yrs. Rural- Buckeystown d NAME OF HOSPITAL OR NSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? farm rd "pending" in pencil in Item 18. Give Pages Chief Medical Examiner's Office alang with far NO T YES. This certificate should be executed within 24 hours after death Office alang with NAME OF 4 DATE Manth Year DECEASED April Kanode-(also Knode 19 67 Jonas Robert DEATH 19---(Type or print) AGE (n years S SEX 6 COLOR OR RACE 7 MARRIED LF JNDER NEVER MARR ED irthooyl Months Days Hours **Separated** May 30-1893 within 72 haurs after death Male White WIDOWED 10a USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland
14 MOTHER'S MAIDEN NAME Salesman ILS.A 13. FATHER'S NAME Jacob Kanode Elsie Kreglew IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16 SOCIAL SECUR TY NO 17 INFORMANT Address 212-01-8846 Mrs. LaRu Byrd-Dance Mill Rd.-Phoenix-Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line, PART I DEATH WAS CAUSED BY ONSET AND DEATH in any event IMMEDIATE CAUSE (a) the certificate, writing the ward 4 shauld be farwarded to the Ch DUE TO Canditians, if any, which gave (b) rise ta immediate couse (a), DUE TO stating the underlying cause pub 19 WAS AUTOPSY PERFORMED? removal, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO MEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 3 should PRIMARY Or CONTRIBUTING crematian, or MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20c I.ME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (State) Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Notural couses Accident death resulted fram. Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert Health Thomas NAME (Type) Address (Street, city, town, or county) 23a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 50 REMOVAL (Specify) Mt. Olivet Cemetery **Burial** <u>Frederick.</u> VR A15ME (5)hison & Son DATE Frederick, Md. 21701 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05136 CERTIFICATE OF DEATH after death. 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission)) PLACE OF DEATH a. COUNTY a. STATE Maryland Frederick within 72 hours affer MARYLAND Frederick E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 hours Months Keymar Frederick a IS RESIDENCE d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .≡ ON A FARM? YES NO K ontevue Infirmary 4. DATE Year 3. NAME OF Middle Last Manth Day remove carban **First** DECEASED OF DEATH HESTOR KAUFFMAN 28 67 BERTIE April 19 and in any event, (Type or pnn+) AGE (In years IF UNDER 24 HRS 8. DATE OF BIRTH IF UNDER 1 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Ex. last birthday) Days Haurs September 4,1872 DIVORCED WIDOWED White Femake 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 10a USUA, OCCUPAT ON (Give kind of work done COUNTRY? during most of working life, even if retired)
Domestic INDUSTRY Frederick County.Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remaval, Sara Mercer Martin L. Kaufiman IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO. Address burial-transit permit. Arthur Strine. Route # Frederick. None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUF TO for use as the b Health priar tab stating the underlying cause this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO te 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached f (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Nat While 19 at work at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from march 196_ (that (1) (we) last 78.1967, and that death occurred at M, fram tauses and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING May 1, 1967 30 PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 228 N. market St. Frederick, Ild. Bernard O. Thomas. Jr. W. D. 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Hope Cemeterv Woodsboro 256. REGISTRAR'S SIGNATURE - ADDRESS - Hadeley 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick. Maryland AY 2



MARYLAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution: Residence before admission) a. COUNTY **b.** COUNTY by the and 2 death. Frederick MARYLAND maryland Frederick b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) .== Ijamsville Pages Frederick filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Frederick Nursing Center Ijamsville, Maryland YES NO attending physician and completely 3. NAME OF Frederick First 4. DATE Middla Month Year DECEASED OF (Type or print) 10 William within DEATH 19 carbon 16. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years) IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Male event, WIDOWED [16, 1886 DIVORCED [please remove Da. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) any Retired Farmer Ijamsville, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ and Thomas Jefferson Keller Sophia Remick Then ! 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yas, no, or unkown) | (Ifyasgivewarordatesofservica) the Mirs. Lottie Keller (Same as item #2 permit. physician. 18 CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN been signed by ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: theat Faylure IMMEDIATE CAUSE (a) cremation, may be retained by the hospitat or arrenauser.

DIRECTOR: After this certificate has been signed as should be detached for use as the burial-transit and arrenauser. DUE TO Advanced cornary and corderal alleris subnics Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 154 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from......, 19.0...), that (1) (we) last saw the deceased alive on.. 22a. SIGNATURE DATE ATTENDING death. Page 4 r DIRECTOR PHYS. PHYS. M.D. page with t 22c PHYSICIAN'S 22d. ADDRESS NAME (Typa) filed v 23e. BURIAL, CREMATION. 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) S. FO Buria Frederick, Maryland 13. 1967 Mount Olivet Cometery 24 FUNERAL DIRECTOR'S SIGNATURE AL TERKA ADD 1 0 1967 Charles Just IN ADDRESS Tracelle VR A15 (45.5 M. R. Ltchison & Son, Frederick, Maryland 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05137 05139 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH O COLMY Frederick USUAL RESIDENCE (Where deceased lived, first tution Residence pergressions on STATE INTERPOLATION 5 COUNTY Frederick) and 3 to M3. Page MARYLAND b CITY OR TOWN (If outs de corporate limits. CLENGTH OF STAY IN 16 TOWN (It outs de composete limits, write RURAL and give nearest town) c CITY OR P.M3. Departme write RURAL and give nearest town) haurs after d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? Item 18 Give Pages ote YES NO Root ICI Street Same haurs after death alang with 3 NAME OF 4 DATE William M. KTine Last Albert DECEASED 0F (Type or print) 19 DEATH 5 SEX 6 COLOR OR RACE AGE (In years lost by hday) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Male 7/16/188/ Months Hours WIDOWED DIVORCED 100 USUA. OCCUPATION (G ve kind of work done drive to it at vertice) we have illest \$4)00 C 10b KIND OF BUSINESS OR U BIRTHPLACE (State or foreign country)
IMaryland 12 CITIZEN OF WHAT INDUSTRY Aub ui Ξ Railroad pencil 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Hannah Burrier be executed within and Ruth Fowler, Brunswick Maryland (Yes, na, grupts nawn) (If yes give war ar dates af service or remayal, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit HEMMORHAGE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) e, writing the ward farwarded to the C This certificate shauld crematian, DUE TO Canditians if any, which gave nse ta immediate cause (a), DUE TO stoting the underlying couse 0 0.5 burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIF CATION NO the certificate, be to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Port II of item 18) 3 should agent, priar PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH 20e PLACE OF INJURY (Hame farm. 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (State) Vaur Hour o.m. Not While foctory, street, affice bldg , etc.) FUNERAL DIRECTOR: Page of wark designoted 21. I certify that I took charge of the remains described above, held on Autopsy ь Inspection 🔼 Inquiry ond in my opinion death resulted from. NoturoL couses Accident Suicide | Undetermined monner Homicide may be retained CHIEF MEDICAL EXAM.NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY funeral DEPUTY MEDICAL EXAMINER 18 Health ar **EXAMINER'S** J. Thomas, M.D. Robert Address (Street, city, tawn, or county) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) m 0 REMOVAL (Specify) Brunswick Maryland Buri ลา Park Heights 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2Sq REC'D BY REGISTRAR Brunswick Md. Williamles Judge VR A15ME (6) 6M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 1)5139 CERTIFICATE OF DEATH 05141 24 havrs after death the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH b. COUNTY a. COUNTY Maryland Frederick Frederick MARYLAND por papers. Pages I within 72 hours after in by the ... c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 16 write RURAL and give negrest town) RFD Frederick d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Alled i Ijamsville. YES NO Frederick Mem. Hospital The law requires that the death certificate be executed within NAME OF First Middle 4. DATE Month Dov Year please remave crton mpletely DECEASED AWSON APRIL 25 Ethel 19 6 17 DEATH Type or print) and in any event IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost thdoy) Months Hours March 26. 1897 Female White WIDOWED DIVORCED 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working I fe, eyen, I retired)
Housewife COUNTRY? INDESTRY the attending physician sit permit. Then please Browningsville, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME crematian, ar remayal, Miel E. Linthicum Mary L. Pordum 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, or unknown) [If yes give war or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address Item 2 Ivan T. Lawson, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY EDEMA PULMONARY IMMEDIATE CAUSE (o) physician. DUE TO burial ARTERIOS CLEROTIC DISEASE Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO storing the underlying couse as the priar tal Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the lost WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(o) with the State Dept. of Health NO X 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 206 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (Stote) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work 1967 10 21. I certify that (1) (this hospital) ottended the deceased from 19/67 that (1) (we) last 67 and that death accurred at 900 M, fram causes and an the date stated above saw the deceased alive on 22n. SIGNATURE 22b. DATE SIGNED ATTENDING 8 director, page 3 should be filed v M.D. PHYS PHYS ADDRESS 804 22d. 22c. PHYSICIAN'S Richard C Reynolds Toll House Ave. Frederick, NAME (Type) 23d. LOCATION (City or Town) 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Spectry)
Burial Appil 29,1967 Bethesda Meth. Browningsville. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Milane VR A15 (4) 1967 DAMAY Olin L. Molesworth, Damascus, Md. 20 M 1/66

	1_	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-	FOR STATE	05142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH U5140
L	HEALTH OEPT	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE b. CDUNTY
	STR 9 #2	Frederick MARYLAND Md.
	o the funeral o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	m mark	Frederick Baltimore 21213
	Dep 2	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	ay 33 the sage of	Frederick Memorial Hospital 4612 Freedomway, West YES ND
	and and St. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF
	12.23 12.23	(Type or print) Leon Hanson Loudermilk DEATH April 23 1967
	= TE TE	5. SEX 6. COLDR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min.
	# 20 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	M White WIDOWED DIVORCED 3/22/44 23 yrs.
	with with	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Giv Giv	Manual sing Duning and MA
	along along lges I any	Chauffeur Trucking Business Ma. Howard County U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. A. 16. A. 16
	e a ce a ce a d in d in	Emory Loudermilk Cora Barnett
	24 ho office Office File , and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W. Balt. 21213
	ris in	Yes 3/61 to 4/62 212-42-1216 Mrs. Barbara L. Loudermilk-4612 Freedomway
	I within pencil in miner's permit.	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and,(c).]
	Sit I	PART I. DEATH WAS CAUSED BY: Congestive Beaut Jouline & Sture Onset and DEATH
	EXAMINER. This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages. I should be forwarded to the Chief Medical Examiner's Office along with Torm files. Tiles. CTOR: Page 3 should be used as Denial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	DUE TO M. C. 1/2 CO
	diccidic	Conditions, if any, which (b) Thassue (thursday)
	Me Me	gave rise to immediate out to form of the cause (e), stating the out to form of the cause (e), stating the
	noul ord hief al,	underlying cause last. (c) dup runes a direction of the control of
	ficate sho the worn the Chi used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	the the the to t	PRIMARY BOT CONTRIBUTING CAUSE WAS PRIMARY BOT CONTRIBUTING CAUSE OF DEATH.
	d d d d	208. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING CAUSE OF DEATH. 208. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING CAUSE OF DEATH.
	er. This certificate, writing forwarded to 3 should be agent, prior i	CAUSE OF DEATH.
	sho sent	2DC. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) 2 i Co. pan. 4 - 23 1967 at work Augusta Significant 20f. (City or town) (County) Cate 20f. (City or town) County Cate 20f. (City or town) County Cate 20f. (City or town) County Cate 20f. (City or town) Cate 20f. (City or town) County Cate 20f. (City or town) County Cate 20f. (City or town) Cate 20f. (City or town) County Cate 20f. (City or town) 20f. (
	d ag	2 CO print: 4-23 1967 While Not While & Sighway Quelevil - I redevil - hid
	the certificate the certificate the certificate the should be un files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy 7. Inspection, Inquiry, and in my opinion
	EXA the coshoul files. for: esign	death resulted from: Natural causes [5], Accident [4], Suicide [6], Homicide [6], Undetermined manner
	the the the community of the community o	CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
	= 9 G - 0	DEPUTY MEDICAL EXAMINER & 4-23-67
		NAME (Type) Hobert J. Thomas Address (Street, city, town, or county)
	O DEPUT please director retained of Heal	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State)
	5 25 5	Burial 1 4/26/67 Balt. National Balt. FR.
	A.	24. FUNCTIVE DIRECTOR
	VR A15ME (5)	Loring Byers-8728 Liberty Rd. Randallstown DATEAPR 2 6 1967 Charles Judge



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Pages

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page 3 shauld be

VS A1S (4) 1SM 9/SB

law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.



1 . ^I	tem 18 Film 387 4-13- Division of STATISTIC	-67 aMARYLAND STATE DEPARTMENT OF HEALTH CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
OR STATE	05144	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	142
ond 3 to PM3. Page HITMS of the death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest jown)	2 USUAL RESIDENCE (Where deceosed lived, if institution: Res O STATE D COUNTY C LENGTH OF STAY IN 16 C C TY OR TOWN (If ourside corporate in its, write RURAL and	idence before admission) Letick Ca give nearest town)
es 1, 2, form P form P te Depo	d NAME OF HOSP TAL OR INSTITUTION (IF not in	n Drive 493 Cartollton Dri	e. IS RESIDENCE ON A FARM? YES NO E
alon Sign	A	WIDOWED DIVORCED MODIL	Doy Yeor 19 67 DER I YEAR IF UNDER 24 HRS. hs Doys Hours Man.
nadi in Item 18 niner's Office pages Tond 2 v in any event	100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13 FATHER'S NAME	10b KIND OF BUSINESS OR 11! BIRTHPLACE (Stote or foreign country) 12 None Pennsylvania 14 MOTHER S MA DEN NAME	COUNTRY?
be executed within "pending" in pencil nief Medical Examine unsit permit. File page or removal, and in a	15. WAS DECEMBED EVER IN US ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of so	ervice) To seph William Mc E	
the certificate, writing the word "pending" in pencil in should be farwarded to the Chief Medical Examiner's files. 3 should be used as buriol-transit permit. File pages ent, prior to buriol, cremation, or removal, and in any	1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 322. DUE TO Conditions, if only, which gave rise to immediate couse (a), stoting the underlying couse (c) [ost. (c)	Congestive heart failure Acute and chronic alcoholism	INTERVAL BETWEEN ONSET AND DEATH
be farwal be used r to burio	PART I OTHER SIGNIFICANT CONDITIONS CONT 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	TR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20b DESCRIBE HOW IN JRY OCCURRED (Enter nature of injury in Port I or Port I of Item 1B.)	19 was autopsy Performed? Yes NO
# 4 4 9	20c. TIME OF N.JRY Month, Doy, Yeor Hour o.m. p m 19	20d IN.JRY OCCURRED While Not While of work of twork of twork of two states of two sta	(Caunty) (State)
piease exect I director. Pa retained for DIRECTOR: Its designate		of the remains described abave, held an Autapsy , Inspection , Inquiry causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	ond in my openian 22. DATE SIGNED
necessary, p the funerol 5 moy be re TO FUNERAL Health or its	EXAMINER'S NAME (Type) 230 BURIAL (REMATION, PEMOVAL (Specify) 23b DATE THERE		(County) (Stote)
VR A15ME (5)	Burial 4-6-196 24. FUMERAL DIRECTOR M.R.Etchison & Son	ADDRESS 7/4/2 250 RECD BY REGISTRAR 25b REGISTRAR	S SIGNATURE





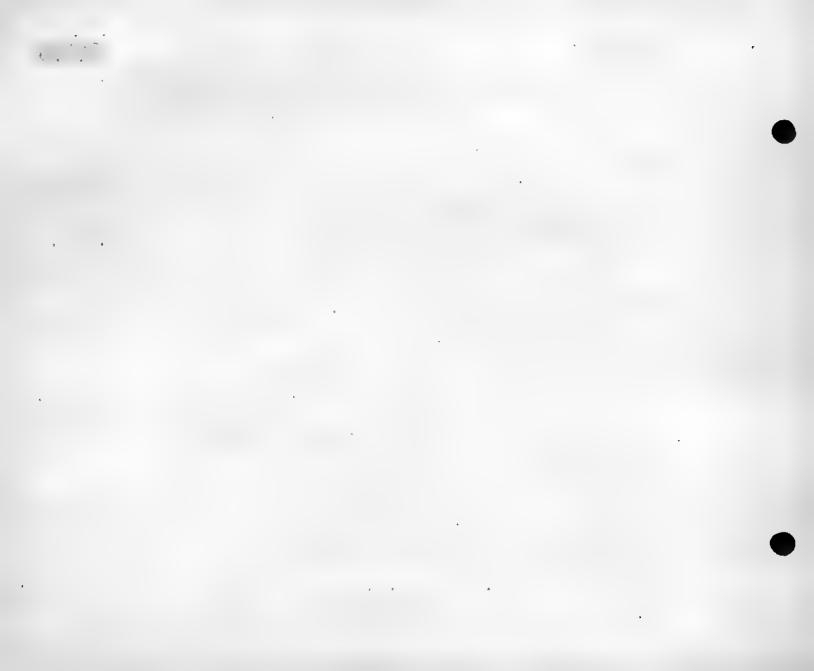
		DI LI CATATIONICAL	MARYLAND STATE DEF		ND 21201
(M		95146	CERTIFICATE	W. PRESTON STREET, BALTIMORE, MARYLA OF DEATH	05144
death.	1.	PLACE OF DEATH G. COUNTY		2 USUAL RESIDENCE (Where deceased lived, if institution o STATE b. COUNTY	
rs after the fu Poges ? urs after	F	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURA RuralFranttsburg	
24 hou ed in by pers. 172 hou	-	Rural—Emitsburg d NAME OF HOSPITAL OR INSTITUTION (If not in h R.D.# 2	haspital, give street address)	d STREET ADDRESS R.D.# 2	e IS RESIDENCE ON A FARM? YES NO S
ond completely filled in by the funeral remayerorbon papers. Pages I and in only event, within 72 hours after deat	3	NAME OF First DECEASED (Type or print) Kenneth	Middle LCO M	Lost 4. DATE Month Of DEATH April 1	Doy Year 1967 19
cecuted comple	5.	. SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED 😿 8	B. DATE OF BIRTH 9. AGE (n years	IF UNDER 1 YEAR IF JNDER 24 HRS. Manths Days Hours Min.
e be ex on ond ose rem nd in or)(On USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Lone	106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) Frederick Co. Md.	12 CHIZEN OF WHAT COUNTRY? U.S.A.
ertificat physici nen ple toval, o	1	3 FATHERS NAME Herbert Mill	ler	Mary B. Topper	
deoth c tending mit. If	1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or dates of servi	vical	NFORMANI Address ald F. Miller, Ermitsburg	
O HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		18. CAUSE OF DEATH (Enter only one cause per PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Congenitael 6	sigures spartie disease -	INTERVAL BETWEEN ONSET AND DEATH
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PHYSICIAN ne hospital complex certificat etached for Dept. of Hec	CEBTICICATION	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter nature of injury in Part I or Part II of Item 18.)	
NG PHY y the ha er this o e detacl	UCDICAL	Jailly 13	While Not While of work of wark	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	(County) (State)
OR ATTENDING be retained by the IRECTOR: After the 3 should be died with the Stote		21. i certify that (I) (this haspitol saw the deceased alive an 22a SIGNATURE	of attended the deceased fram	death accurred atM, fram causes a	nd an the date stated abave
L OR A be rethered birth		22c PHYSICIAN'S	leade MI	D. ATTENDING MED DIRECTOR STAFF PHYS. 22d ADDRESS	4-1-67
O HOSPITAL Page 4 moy O FUNERAL director, pog	, ,	NAME (Type) Dr. W. R. Ca		Em itsburg, Maryland CREMATORY 23d. LOCATION (City or Tow	n) (County) (Stote)
F F	L	REMOVAL (Specify) Furial April 5, 24 FUNERAL DIRECTOR	1967 New St. Jose		ISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66		Clarence E. Wilson	(Scon) Emitsburg,	Md. DAMAPR 4 1967 / 1967	unter Juage

3 NAME OF ORCASED 100 101	1. PLACE OF DEATH C. COUNTY Prederick MARYLAND C. STALE Maryland D. COUNTY Frederick D. STALE		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Place of Death	Place of Death COUNTY Prederick Americano County Prederick Americano County Prederick Death County Frederick Death		05147 CERTIFICATE OF DEATH
WITTER REPAIL and gives negrest town Fire derick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) Montevue County Home RD 3 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) Montevue County Home RD 3 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) Montevue County Home RD 3 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) Montevue County Home RD 3 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) Montevue County Home RD 3 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) North Home North April 20 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED 8 DATE OF BIRTH North Home North	WITH RURAL and given negrest town) Fired cortick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) J NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) J NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) J NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) J NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) J NAME OF DOWN TO THE PROPERTY OF THE PROPERTY NO INDUSTRIES OF THE PROPERTY OF THE PROPE		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 0. STATE 0. STATE 1. PLACE OF DEATH 1.
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S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 3.—24 — 1868 9 AGE (in years) IF UNDER 176A IF UNDER 274 To SEX 6 COLOR OR RACE WIDOWED DIVORCED 3.—24 — 1868 9 AGE (in years) IF UNDER 176A IF UNDER 274 TOU USUA, OCCUPATION (Give kind of work done during) Hours (in usual, occupation) (reined) 10b. Kino of BUSINESS OR INDUSTRIANCE 10b. USUA, OCCUPATION (Give kind of work done during) Hours 10b. Kino of BUSINESS OR INDUSTRIANCE 10b. USUA, OCCUPATION (Give kind of work done during) Hours 10b. Kino of BUSINESS OR INDUSTRIANCE 10b. USUA, OCCUPATION (Give kind of work done during) Hours 10b. Kino of BUSINESS OR INDUSTRIANCE 10b. USUA, OCCUPATION (Give kind of work done during) Hours 10b. Kino of BUSINESS OR INDUSTRIANCE 10b. USUA, OCCUPATION (Give kind of work done during) Hours 10b. Kino of BUSINESS OR INDUSTRIANCE 10b. USUA, OCCUPATION (Give kind of work done during) Hours 10b. Kino of BUSINESS OR INDUSTRIANCE 10b. USUA 10b. USUA	S SK 6 COLOR OR RACE 7. MARRED NEVER MARRED 3.24-1868 9 AGE (a years FUNDER 14A PET 12 O 19 67	an	On A FARM?
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sow the deceosed olive on the date stated about 220. SIGNATURE M.D. ATTENDING DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	sow the deceosed olive on 197, and that death occurred at 157 M, from couses and on the date stated ab 220. SIGNATURE M.D. ATTENDING PHYS. DIRECTOR DIRECT		p.m. Orwark — or work —
ATENDING DIRECTOR DIR	M.D. ATTENDING ATTENDING DIRECTOR STAFF M.D. PHYS. DIRECTOR PHYS.		sow the deceosed olive on the date stated about the decented at 15 mm, from couses and on the date stated about the decented at 15 mm, from couses and on the date stated about the decented at 15 mm, from couses and on the date stated about the decented at 15 mm, from couses and on the date stated about the decented at 15 mm, from couses and on the date stated about the decented at 15 mm, from couses and on the date stated about the date at 15 mm, from couses and on the date stated about the date at 15 mm.
			M.D. ATTENDING DIRECTOR DIRECT
230 BURIAL CREMATION, 23b DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY 23d ADCATION (City of Town) (County) (Stork PROVIAL (Specify) CALLY COLOR COLOR (County) (Stork Color Provided Director Color		67.	Tammond & The mond Craffer mant MariAPR 26 1967 Schools Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05148 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ond completely filled in by the funeral remove corbon papers. Pages Tand PLACE OF DEATH o. COUNTY rederick L COUNTY Frederick Maryland MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) within 72 hours of c LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Rural Days please remove corban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route # 2 YES DE NO Frederick Memorial Hospital 3. NAME OF Middle Last 4. DATE Manth Year DECEASED April 19 67 event, GROVER CHEVELAND MOSSBURG (Type or pant) DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH birthday) Days Hours October 29,1894 Male WIDOWED DIVORCED White 10g. USUAL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b. burial, cremotion, or removol, and in during mast of working life, even if retired) COUNTRY? INDUSTRY Farm Manager Jefferson, Maryland Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fannie Burdette Benjamin Mossburg 17. INFORMANT 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, na, or unknown) (If yes give war ar dates of service) Mrs. Agnes Mossburg (Same as item # 2) INTERVAL BETWEEN signed by the burial-tronsit p 18. CAUSE OF DEATH (Enter on y one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been irectar, page 3 should be detoched for use as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? NO Z YES 205. DESCRIBE HOW INJURY OCCURRID. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) 1961, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. , and that death accurred at 5-2 M, fram causes and an the date stated above. saw the deceased alive en 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. X □ April 15,1967 M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S 228 North Market Street, Frederick, Md. NAME (Type) Charles H. Conley. Jr. 23a. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOYAL (Specify) Frederick, Maryland Mount Olivet Cemeterv 250. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1967 20 M 1/66 Etchison & Son, Frederick

MARYLAND STATE DEPARTMENT OF HEALTH



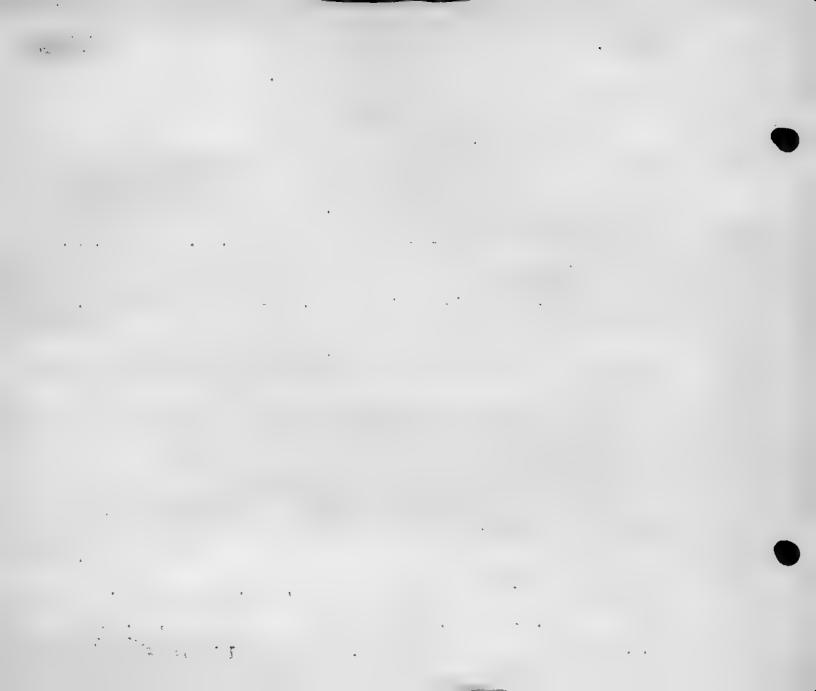
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 05143 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY a STATE Maryland Poge 2 Frederick Frederick MARYLAND the State Department b (ITY OR TOWN (If auts de carparate limits write RURAL and give nearest tawn) c (ITY OR TOWN (flautside corporate imits, write RURA, and give nearest town) c LENGTH OF STAY N 1b gud P.M3. Years Rural Rural IS RES DENCI a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS along with form Route # 6 Route #6 NO DO in Item 18. Give Poges YES 24 hours after death NAME OF Middle last Month Year OF DEATH DECEASED April DAVID SAMUEL MOXLEY (Type or print) IF ... NDER 24 HR B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TO lost birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED August 4. Office lond 2 within 72 hours ofter dea 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even firetired) INDUSTRY Leesburg, Virginia Medical Exorniner's 14 MOTHER'S MAIDEN NAME in pencil 13 FATHER'S NAME be executed within Mabel Stream George Bradley Moxley Ф Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) "pending" George B. Moxley (Same as item #2) No None 1B CAUSE OF DEATH (Enter only one couse per lage for (o), (b) ONSET AND DEATH PART I DEATH WAS CAUSED BY please execute the certificate, writing the word "pe arrector Page 4 should be forwarded to the Chief in ony event IMMEDIATE CAUSE (o) This certificate should DUE TO Conditions, if only, which gove (b) nse to immediate couse (a), DUF TO stoting the underlying couse lost 0.5 be used WAS AUTOPS? PERFORMED? removol, PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FICATION NO 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 1B) CERT PRIMARY I or CONTRIBUTING I CAUSE OF DEATH cremation, MEDICAL (Stote) 20c. T.ME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) factory, street, office bldg., etc.) Hour om. Not While at work ot work 21. I certify that I taok charge of the remains described above, held an Autapsy 🔀 Inquiry [and in my aphian Inspection death resulted fram: Natural causes Accident Suicide Ham cide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAM NER moy Heo th Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d .O(ATION (City or Town) (Stote) 230 BURIAL CREMATION 23b. DATE THEREOF (County) 0 Beallsville, Maryland Monocacy Cemetery 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Maryland Etchison & Son, Frederick.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05150 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Frederick Maryland Frederick MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1b. c CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) write RURAltand give namest (awn) days Frederick filled in by d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital 113 South Market Street NO X 4. DATE Month NAME OF DECEASED MYERS GEORGE. CHARLES APRIL (Type or print) DEATH burial, crematian, or remayal, and in any event, DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Male White August 11. 1890 WIDOWED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done Waynesboro. Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Maggie Bowers Charles C. Myers 17. INFORMANT 16. SOCIAL SECURITY NO IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (If yes give war or dates of service 214-10-1268 Mrs. Mildred Myers 113 S. Market St. City INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONGESTIVE IMMEDIATE CAUSE (o) DUE TO HRTERIOSCIE BUTE HEART Conditions, if ony, which gove rise to immediate couse (a), DUE TO storing the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 3 shauld be detached far use with the State Dept. of Health CHRUNIC NO X BROWEHITIS-20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) , 19.67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 19 62, and that death accurred at 145 M, fram causes and an the date stated above saw the deceased alive an. 22o. SIGNATURE eynotely, M.D. DIRECTOR PHYS. director, page shauld be filled 22d. ADDRESS 22c. PHYSICIAN'S Dr. Richard C. Reynodds, 804 Toll House Avenue Frederick. Md. M.D. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b DATE THEREOF 230. BURIAL, CREMATION, Frederick. Maryland 4-17-1967 Mount Olivet Cemetery 258 RECD BY REGISTRAR APR 1 7 1967 Frederick, Marylandon PR Dailey & Son



1	DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND
_	U5151 CERTIFICA	TE OF DEATH	05149
1.	PLACE OF DEATH *. COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where decessed lived, Il institution of the state	Frederick
	b. CITY OR TOWN (if outs'de corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporete limits, write RURAL	end give neerast town)
_	d. NAME OF ROSPITAL OR INSTITUTION (If not in hospital), give street address)	Rural- Frederick	IS RESIDENCE ON A FARM
_	Frederick Memorial Hospital	Route 2	YES NO K
3.	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
	(Type or print) Annie Margaret	Perkins DEATH April	5- 19 67
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lest Diringley/ Month	
10	Female White WIDOWED DIVORCED] Oct. 3-1883 83 yrs.	
d	one during most of working life, even if retired)		CITIZEN OF WHAT COUNTE
13	Homemaker	Frederick Co. Md.	_U.S.A
	Thomas O'Bryan	Not available	
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
	No 213-16-01/11	Donald A. Day- Route2- Frederick	, Md. 21701
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 + 4 1 6	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conquesting	Hear Jacker	Imela
	DUE TO A	Perotic cardiovascular disease	
	Conditions, if any, which governies to immediate cause	artic Carohovascular arriva	20 Sylans,
	(e), stating the underlying DUE TO		
	cause last. (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	1	PERFORMED?
25	208. ACCIDENT WAS UNDERLYING DE 206. DESCRISE HOW INJURY OCC		YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED, (Entar nature of Injury in Pert or Pert of flam 18.)	
	20c, TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e While Not While et work et work et work	s. PLACE OF INJURY (Homa, farm, 201. (City or town) (ectory, street, office bldg., etc.)	County) (Stata)
	21. I certify that (I) (this hospital) attended the deceased fr	om July 1962 10 april 5,	19(e./., that (I) (we) I
	saw the deceased alive on april 5 1967, and	that death occurred at 3:150 from the causes and or	
	220. SIGNATURE & ROY Dane's	ATTENDING MED. STAFF PHYS. M DIRECTOR PHYS.	22b. DATE Apr. 6-1967 IGN
	22c. PHYSICIAN'S NAME (Typa) LE ROYTIDAYIS	22d. ADDRESS Prof. Bldg Frederick, Md	21701
23	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMET		
	REMOVAL (Specify) Burial Apr. 8-1967 Mt. Olivet	Cemetery Frederick, Md.	21701
24	FUNERAL DIRECTOR'S SIGNATURE & O. TADDRESS WEG	Towa to 250. REC'D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
	M.R.Etchison & Son Frederick,	Md.21701 DATE APR 10 1967 90	harles Judge
			7/ //



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH dath. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ours ${f Freductick}$ 2 Weekd Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE paper in 72 ON A FARM? 106 East Seventh Street Frederick Lemorial Hospital YES NO X executed within completely 3. NAME OF Middie DATE Month Oav Year Last DECEASED (Type or print) HARRY E. DEATH Car April PETTINGALL 19 remove 1 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. OATE OF BIRTH 9. Months ! Hours Davs Lial e WIDOWED I DIVORCED [Nov. 20.1888 ■hysicia■ In please reval, and in 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fergion country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Retired Ox-Fibre Brush Co. Fountain Rock Frederick Cb 14. MOTHER'S MAIDEN NAME attending hy rmit. Then p n, or removal, 13. FATHER'S NAME Winfield Pettingal Margaret Evler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) Md. W. W. #3 Mr. Scott Pettingall.20 E. 8th.St.Frederick INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the haspital or attending physician. IMMEDIATE CAUSE (a) DUE TO INFECTION Conditions, If any, which (b) gave rise to immediate has been e as the l DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? SLFA NO DO YES [20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 9 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached te Dept. o MEDICAL 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) After vould be Hour a.m. White Not While at work at work p.m. retained 21. I certify that (I) Ithis hospital) attended the deceased from IIIICTO III and that death occurred at 1 M. from the causes and on the date stated above. saw the deceased alive on 3 show 22a SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. May E I HOMPITAL FINITAL PHYSICIAN'S 22d. ADDRESS 22d director, p NAME (Type) Page 4 Robert J. Thomas, M. D. House Ave. Frederick, Maryland Toll 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 2 Mount Olivet Cemetery Burial Frederick Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR DAAPR 196 M. R. Etchison & Son. Frederick. M. ryland



00100		- 01 DEATH	U.S.	TOT .
1. PLACE DF DEATH a. COUNTY		2. USUAL RESIDENC	E (Where deceased lived, 3f institution b. COUNTY	
Frederick	MARYLAND			Frederick
	c. LENGTH OF STAY IN 1b		outside corporate limits, write RU	
Frederick	30 vrs	Freder	ick .	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitai, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Montania Tuestima		704 W	433 O-4-4- O+	YES NO T
Montevue Infirmary 3. NAME DF First	Middle		All Saints St	
DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Alzie Poc		ndolph	DEATH April	13 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 🔲 🖟	B. DATE OF BIRTH	9. AGE (In years IF UNI last birthday) Month	DER I YEAR IFUNDER 24 HRS.
Female Negro WIDOWED	DIVORCED 7	7-6-1883	83 yrs.	is Days Hours mill.
1Da, USUAL OCCUPATION (Give kind of work done) 1Db. KIN	D DF BUSINESS DR			CITIZEN OF WHAT
	USTRY F35***35***	Monagan	ann Car Wa IT	COUNTRY?
13. FATHER'S NAME	1.36.36.36.34	Mongom		S.A.
Patrick Warren 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16-60	DIM APAUSTONA I AM	Ellen Lew	18	
(Yes, no, or unknown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Address T	ederick, Md
No ******	W:	Illiam K.	Randolph 124 W	. All Saint
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]		. /	INTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY:	20 KIADON	enne land	norident	ONSET/AND DEATH
IMMEDIATE CAUSE (a)	2 Let - Med Ar	action Cart	1	- interest
Cenditions, if any, which }	The state of the	" ALDRA	Dan of some	Sulanta
gave rise to immediate	coccum	cy acocn	es miges	5 years.
cause (a), stating the DUE TD				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 20a. ACCIDENT WAS UNDERLYING 20b. DES DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
S S				YES ND
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of Item	18.)
202. ACCIDENT WAS UNDERLYING 20b. DES DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	JRY OCCURRED 2De. PLAC	CE OF INJURY (Home, far	m. 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a.m. While p.m. 19 at work		ry, street, office bidg., et	c.)	County) (State)
p.m. 19 at work	at work	4 .		
21. I certify that (I) (this hospital) attended	the deceased from 7	LF 14 _ 19	8/2, to april 13, 19	Z, that (I) (we) last
saw the deceased alive on about	3 19 6 7 and that	death occurred at	2M, from the causes and or	the date stated above.
22a. SIGNATURE	1			DATE SIGNED
I I how I to land	M.D.		IED. STAFF 4	111117
22c PHYSICIAN'S	m.D.	22d. ADDRESS	IRECTOR - PHIS.	117/4
NAME (Type) LEROY T. Dis	17/5		Freder	CK Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OD CDEMATORY	Land LOCATION (City towns of	county) (Otata)
REMDVAL (Soecify)		OR CREMATURY	23d. LOCATION (City, town or	
Burial 4-17-67	Rocky Hill		Clarksburg Mo	
24. FUNERAL DIRECTOR	ADDRESS	# APL 1675		AR'S SIGNATURE
C.E. Hicks. 111 Freder	cick, Md	DATE	17 1967 Jolian	res Judge

VR AIS (4) 20M I/65

TO HOSPITAL



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA									
	05154 '	CERTIFICATE OF DEATH	05152							
neral ould	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara decaasad lived, If Instit	ution: Residence before edmission)							
the full	a. COUNTY Frederek b. CITY OR TOWN (if outside corporate limit)	e. STATE / ZVV] Z // d b. COUNTY B. C. LENGTH OF STAY IN 16 C CITY OR TOWN (8 outside corporate limits, write RUI	Frederick							
h by lan	write RURAL and give nearest lown)	On Life Marino DN	M) 11001							
sty fees hours after	d NAME OF HOSPITAL OR INSTRUCTION (II		IS RESIDENCE ON A FARM?							
ers.	3. NAME OF First	Middle Lest 14. DATE Month	Pey Year							
omple omple in 72	(Type or print)	Samuel Repol DEATH 4	28 1967							
be ed and co	5. SEX 6. COLOR OR RACE		nths Deys Hours Min.							
icate cian a	10e. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired	10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY?							
physic se remo	13. FATHER'S NAME	Frederick Md	_ 4.5							
death inding pleas and ii	James Mare	ELLUS TEPP May Diehl	Control de							
e atte Ther loval,	15. WAS DECEASED EVER IN U.S. ARMED FORM (Yas, no, or unkown) (Ityes give we ror dates of se	211-21-100 Many Line D	UNION Bridge M							
cian. by th rmit. r rem	18. CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY:	tausa per line for (a), (b), eno (c)]	INTERVAL SETWIEN ONSET AND DEATH							
physical physical gned ssit person, o	IMMEDIATE CAUSE (a)	athoroscleretic Heart Disease	- Tweeks							
ding den si al-trer remat	Conditions, if any, which (b)									
The transport of the control of the	(a), stating the undarlying DUE TO cause last.									
IIAN tal or cate as th to bu	PART H. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	PART I(a) 19. WAS AUTOPSY PERFORMED?							
PHYSIC the hospi this certifi d for use with prior	20a. ACCIDENT WAS JINDERLY NO U. OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.)	YES NO							
NDING ined by E. After detache detache	20c. TIME OF INJURY Month, Day, Yea Hour a.m.	or 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) While Not While fectory, streat, office bldg., alc.) at work at work	(County) (State)							
ATTE ATTE COLOR CO	21. I certify that (I) (this hospits saw the deceased alive on	al) allended the deceased from 3 8 67 19 , to 4 28 67 28 67 M, from the causes and								
AL AL She She in the St	220. SIGNATURE 220. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	42867 DATE SIGNED							
Pag INER. or, pa	NAME (Type)	140.700133								
director.	230. BURIAL, CREMATION, 236 DATE THER REMOVAL (Specify) 5-1-6	TOPE CHEERY OR CREMATORY 23d. LOCATION (City, town o	r county) (State)							
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE	+ 11 W R. 1 M)	RAR'S SIGNATURE							
13M-7-02	Haymonia 1. Wrigh	11 LLNION DWINGS MICL DATE MAY 3 1967 FC	con cos y roge							

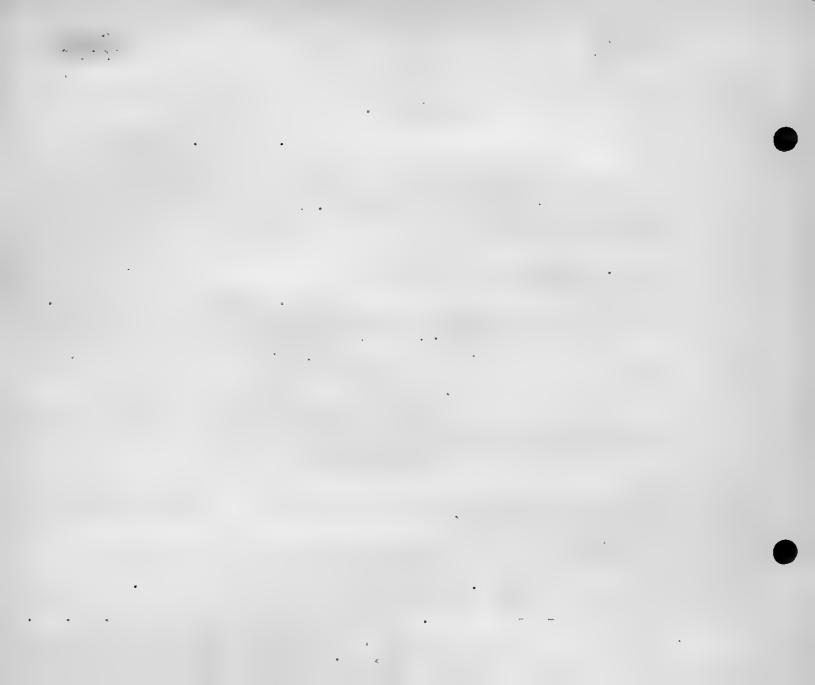
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE after b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours T.ifetime Frederick Frederick d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? DOA- Frederick Mem. Hospital South Fairview Ave. No X within NAME DE First Middle Last DATE Month Year DECEASED Rov 교형 (Type or print) 1967 4 cherry DEATH April 26--executed eve and con remove 6. CDLDR OR RACE 7. MARRIED V OATE OF BIRTH AGE (In years LIF UNDER 1 YEAR UF UNDER 24 HRS NEVER MARRIED last birthday) Months | Days any Hours i Male White WIDOWED DIVORCED Jan. 26- 1908 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR Ξ 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please I 12. CITIZEN DF WHAT death certificate be during most of working life, even if retired) and INDUSTRY COUNTRY? Restaurant Operator Own business Frederick Co. Md. removal. Ada Schleigh Joseph Vernon Rhoderick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address Frederick, Md. the atten t permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, Yes Mrs. Thelma M. Rhoderick-125 S. Fairview W War 11 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), Š DNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a burial-t burial, DUE TO Conditions, If any, which (b) gave rise to immediate the r OUE TO cause (a), stating the underlying cause last. 33 CATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMEO? NO Z YES 20a. ACCIDENT WAS UNDERLYING F OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) οť DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) (County) factory, street, office bidg., etc.) Hour a.m. While Not While ATTENDING at work at work the 21. I certify that (I) (this hospital) attended the deceased from Cast 17. , 1959, to Wark DIRECTOR: age 3 should led with the _, 19*61*7, that (I) (we) last 196.7 , and that death occurred at __p_M, from the causes and on the date stated above. saw the deceased alive on Lag. 22a. SIGNATURE 22b. DATE SIGNED page M.D. PHYS DIRECTOR PHYS. FUNERAL PHYSICIAN'S 22c. lirector, p 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREDE NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) (State) REMOVAL (Specify) 9 Olivet Cemetery Burial Mt. Frederick Md. 25a. REC'O BY REGISTRAR | 25b. M.R. Etchison & Son Frederick. Md. 2170 PATE !! VR A15 (4) 20M 1/65



05156		II 2 TIGITAT DEGIDEN	CE (Where deceased lived, If	institution bridge	hainen o desirete
a. COUNTY		e. STATE	h. COU	NTY	
Frederick	MARYLAND		ryland	Freder	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c LENGTH OF STAY IN 16		(If outside corporete limits, write	te RURAL and give nee	erest town)
Thurmont	50 yrs.		Thurmont		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	nospitel, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE ON A FARM
Home		516 E. M	ain St.		YES NO D
3. NAME OF First DECEASED	Middle	Last	4, DATE Mont	h Day	Year
(There are a to a t	odes		DEATH Apri	1 20	19 67
5. SEX 6. COLOR OR RACE 7. MARI		. DATE OF BIRTH		IF UNDER 1 YEAR II	
		Ton 18 1	last birthday)		Hours Min.
	WED DIVORCED	Jan. 18, 1		12. CITIZEN OF	WHAT COUNTS
done during most of working life, even if retired)					
Housewife	Own Home	Mary		USA	4
		14. MOTHER'S MAIDEN			
John W. Miller			lizabeth Da	vis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1. (Yes, no, or unknown) [(Ifyesgivewererdeles of service)]	6. SOCIAL SECURITY NO. 17.	NFORMANT	Addres	S	
No	None Ch	arles G. R	hodes The	urmont, A	id. RD2
18. CAUSE OF DEATH [Enter only one cause pe	r lipe ton (e), (b), and (c).]			INTER	VAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	El monnin	Emplant Al	us.	ONSE	L AND DEATH
DUE TO	Comment of	1446	23-V.	4.193	THE COURT
C 100 7 11.15	Mannielle	KVO KIO		1	2000
gave rise to immediate cause	sur nec ff	LLCTYLLZ		- 14	I former
(a), stating the underlying DUE TO	,				
cause lest. (c)	CALIFORNIA CONTRACTOR OF A TAX A CONTRACTOR OF	T DEL LYER TO THE TERM	ALAL BIEFACE COLINIERS		144.5.4145.5
PART E. OTHER SIGNIFICANT CONDITIONS CO	UNITARIOUTING TO USATH BUT NO	T KEEATED TO THE TERMI	NAL DISEASE CONDITION GI	YEN IN PART I(a) 19.	PERFORMED?
5 Chemic a conat	Markule			YE	5 NO
20a. ACCIDENT WAS UNDERLYING 20b. (DR CONTRIBUTING CAUSE OF DEATH	DESCRÍBE HÓW INLURY OCCURRI	D. (Entar natura of injury in	n Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20c	A	CE OF INJURY (Home, fern		(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20c Hour e.m., Wh. p.m. 19	nile Not While lect	ory, street, office bldg., etc.	7		
21. I certify that (I) (this hospital) atte		1958	10 to A-1	10/07	. WY
saw the deceased alive on		death occurred at 3	M, from the causes	and on the date	stated abov
228 SIGNATURE	hon.	ATTENDING	MED. STAFF	111	226, OATE
22 DIVERSIANTS	W///	101	DIRECTOR PHYS.		20/67
22c. PHYSICIAN'S NAME (Type)	Torre	22d. ADDRESS	Marramant M.	a	•
Thomas A.			Thurmont, Mo		
REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, to	7.	(State)
Burial" 4-24-67	Mt. Carmel		Thurmont		
24 JUNERAL DIRECTOR'S SIGNATURE	BOTTON A	Creager 25a. REC	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATU	RÉ
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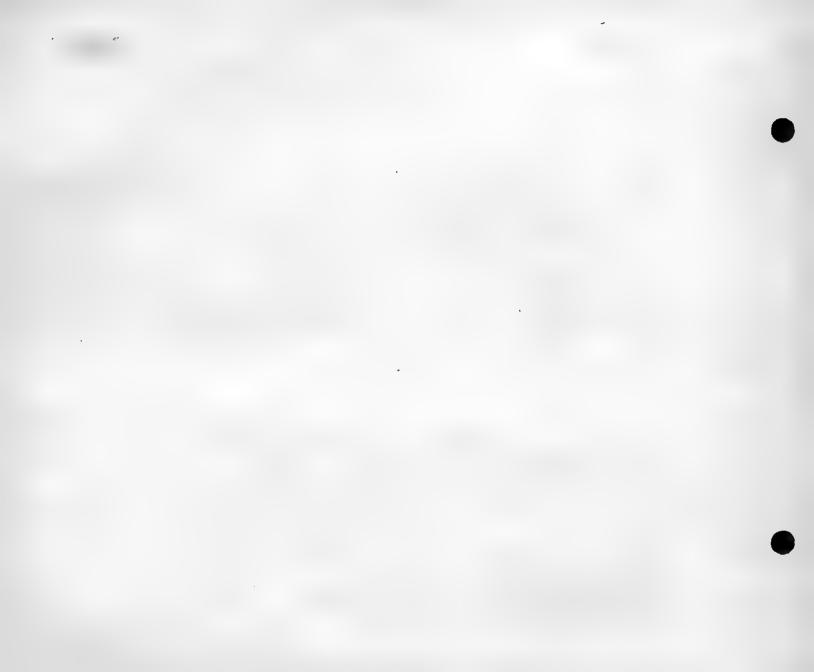
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 05158 CERTIFICATE OF DEATH death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH the ottending physicion and completely filled in by the funder sit permit. Then please remove contain papers. Pages that onation, or removal, and in ony event, within 72 hours after dea b. COUNTY o. COUNTY Frederick stederick MARYLAND 24 hours ofter (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate a mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 5 days Frederick B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . Н 310 Willow Avenue Hospital Mamorial YES NO IX Frederick PHYSICIAN: The law requires that the death certificate be executed within 3 NAME OF Middle DATE Month Year DECEASED Haril William 19 0 1arles schorte DEATH (Type or print) AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Jost birthdoy) Months Hours Male White WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired) elephone co. COUNTRY? Frederick Co.. 1-Imerica 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edith Mumford Mr. Milton C. Stra WAS DECEASED EVER IN U.S. ARMED FORCES?
is, no, or unknown) (If yes give wor or dotes of service)

(S. W. W. J. L. Address I O 16. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (If Strobel, Frederick, Md. Mrs. Naomi INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), signed by the buriol-tronsit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove nse to immediate couse (o), DUE TO stoting the underlying couse by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the lost WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health p USe NO 20o. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m Not While of work of work 21. I certify that (I) (this hospital) attended the deceased from Page 4 may be retained director, page 3 should should be filed with the and that death occurred at 12:21/M, from couses and on the date stated above. sow the deceased olive on. 22b. **B**ATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c PHYSICIÁN'S NAME (Type) Dr. Bernard Thomas Jr. Frederick. bluods 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 4/21/67 utheran Cemetery Middletown 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNAT 24 FUNERAL DIRECTOR VR A15 (4) Gladhill Company, Middletown, Md. 20 M 1/66



	05150	CERTIFICATE		I STREET, BALTIMOR	UK1E.
1.	PLACE OF DEATH		(a traver awarma	ICE (Where decessed lived, If i	กงาย
	e. COUNTY		FYATE	L COUNT	TV .
_	Frederick b. CITY OR TOWN (if outside corporate limits,	MARYLAND	Mary		" Frederick
	write RURAE and give nearest town)	c. LENGTH OF STAY IN 16		(If outside corporate limits, write	KUKAL and give nearest tov
_	Urbana- Rural	Years		na- Rural	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	n hospitel, give street eddress)	d STREET ADDRESS		e. IS R
-	P.O Rt.2-Frederi			-Rt.2- Frederic	
٥.	DECEASED	Middle	Last	4 DATE Month	Dey Yes
-	(Type or print) Alber		Strube	DEATH Apr	
٥.		THE TAKE INDICATED .	DATE OF BIRTH	9. AGE (In years last bythday)	Months Doys Hours
			3-28-1882	84 yrs.	
10:	e. USUAL OCCUPATION (Give kind of work 10 one during most of working life, even if retired)	DE. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT
	FarmerRetired		Frederick		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Andrew Strube		Rosanna	Schradel	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
``	No	218-38-1779 Mrs	. James Mas	on- Route 2- Fr	rederick, Md.
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), end (c).]		,	INTERVAL BI
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	Totamoreken	tic th	myocardial	ONSET AND
	trace in the public to	The Tara September of	acuto	my rearely !!	where 7 2.
	Conditions, if eny, which) (b)		,		
	geve rise to immediate cause				
	(a), sining me underlying				
z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS
CERTIFICATION					PERF YES T
IFIC	200. ACCIDENT WAS UNDERLYING 2006.	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury	in Peri I or Pert II of Item 18.1	1 (2)
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL (EOd. INJURY OCCURRED 2De. PLA	CE OF INIURY (Home for	m, 1 20f. (City or town)	(County)
MEIIIC	Hour a.m.	WhileNot While fector	pry, street, office bldg , at	c.)	(ovenik)
X	p.m. 17 (work al work		1 = 3	
	21. I certify that (I) (this hospital) a		and the second s		, 1967that (I)
	saw the deceased alive on	- 319.627, and that	death occurred at 🤄	M; from the causes a	
	22a. SIGNATURE	*	ATTENDING	MED STAFF	22
	A ST RMOW	ely. M.	D. PHYS.	DIRECTOR PHYS.	_ 4-4-1967
	22c. PHYSICIAN'S NAME (Type)	7	22d. ADDRESS	1 1 01 7	1 1. 1/1 07.70
	Dr. Rex R.			rket StFreder	
23	B. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, tow	· ·
	Burial Apr. 6-1967	Mt. Olivet Co	emetery	Frederick,	id. 21701
24	M.R.Etchison & Son	Frederick, Md.	The full of the second	C'D BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE

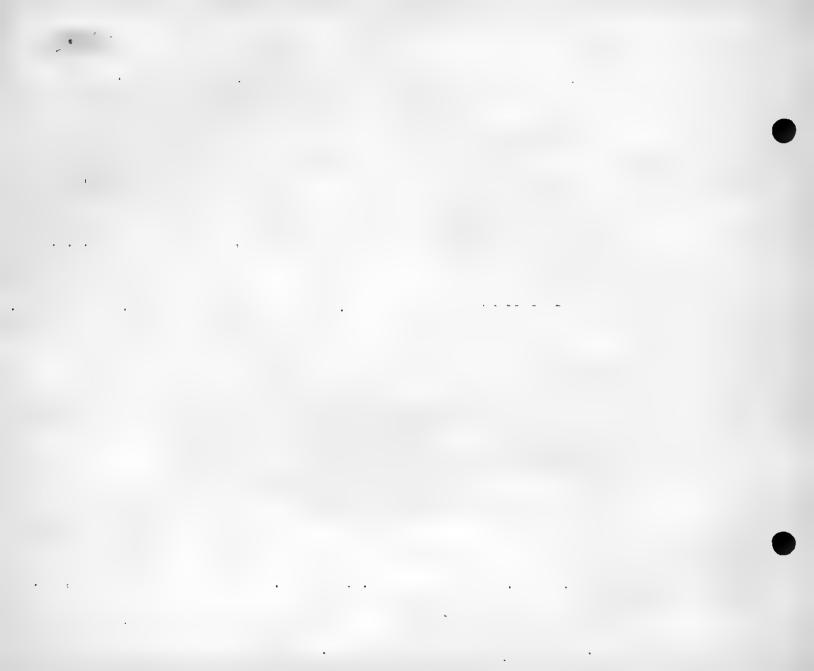


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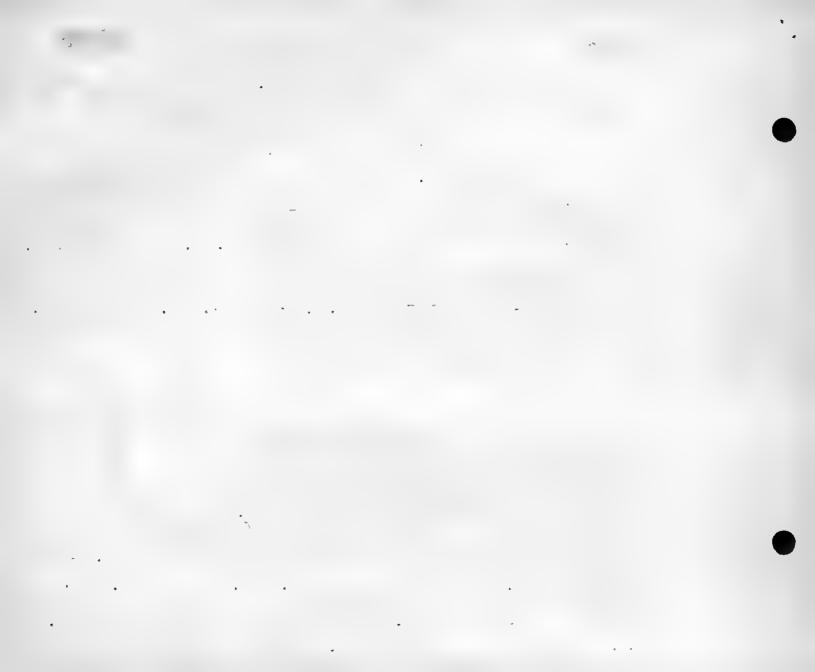
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95161 115159 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY Martland Frederick MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) lifetime Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 248 Dill Avenue 248 Dill Avenue attending physician and completely filled termit. Then please remave carban page NO賽 3 NAME OF 4. DATE First Middle Lost Month Year DECEASED OF DEATH KATHERINE S. STULL April 19 67 6. (Type or print) S. SEX 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED X **NEVER MARRIED** 8. DATE OF BIRTH 69 (III years Dovs Hours White Female burial, cremation, ar remayal, and in any WIDOWED DIVORCED June 4. 1897 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Homemaker None COUNTRYS A. Frederick, Maryland 14. MOTHER'S MAIDEN NAME 13 FATHERS NAME Christian Schade Clementine Runkles 17 INFORMANT 16, SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ((es no, or unknown) (If yes give war or dates of service) 214-46-5244 Mr. Leslie Stull 248 Dill Ave. Frederick, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) signed by the burial-transit p DNSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending pllysician. DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been detached far use as the e Dept. af Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS! PERFORMED? YES 🗔 K ON 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While ot work 21. 1 certify that (I) (this haspital) attended the deceased from. 3 2-3 , 19 36, to 4-6- , 1967, that (1) (we) last 19 6.7. and that death occurred at_ M. from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. April 6, 1967 X director, page 3 should be filed v DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. M.D. 220 N. Market Street Frederick. Md. Rex R. Martin 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) Burial (Specify) 4-8-1967 Mount Olivet Cemetery Frederick. Maryland 250. REC'D BY REGISTRAR DATE APR 10 VR A15 (4) 20 M 1/66 Frederick. Md. Dattev &



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and death death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY Frederick MARYLAND The law requires that the death certificate be executed within 24 haurs after Frederick completely filled in by the force carbon papers. Pages y event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 15 CITY OR TOWN (If autside corparate limits, write RURAL and give nearest fawn) Frederick 3 weeks Frederick- Rural IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO M Frederick Memorial Hospital Route 6 3 NAME OF Middle 4. DATE Last Month Day Year DECEASED Stull April Pearl G. 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH AGE (In years 7 MARRIED plast birthday) Months Days Hours attending physician and a permit. Then please remove White May 22-1895 Female WIDOWED XX crematian, ar remaval, and in any DIVORCED 12. CITIZEN OF WHAT 10o USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Homemaker Frederick Co. Md. II.S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI George Washington Spurrier Sarah Emma Rippeon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit (Yes, na, ar unknown) (If yes give war ar dates of service) 220-48-0780 No R. Herbert Oden- Rt. 6-Frederick-Md. NTERVAL BETWEEN ONSEY AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) physicion. DUE TO burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending as the priar tal O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? for use MED.CAL CERTIFICATION detached far use to Dept. af Health NO YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER with the State Dept. 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc.) Haur a.m. Not While at work at wark . 1967, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 67 and that death accurred at 221 M, from causes and on the date stoted above saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. M.D PHYS. 22c. PHY SIC 22d ADDRESS director, po NAME (Type) James B. Thomas Prof. Rldg.-Frederick. 230 BURIAN (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Plane #1- Frederick-Md
REGISTRAR 25b. REGISTRAR'S SIGNATURE Buria Marvin Chapel Cemetery 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M.R.Etchison & Son MAY Frederick. Md.



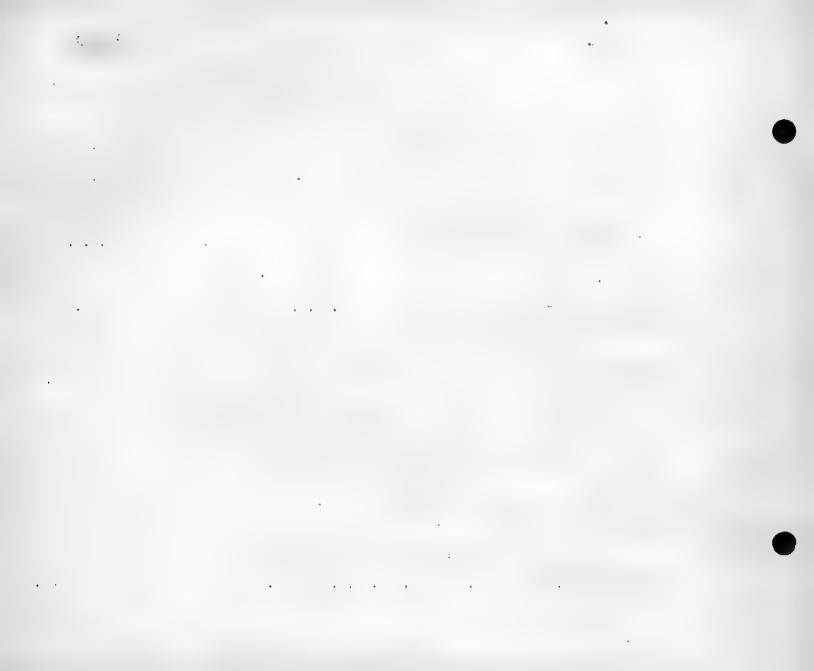
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05163 death. he law requires that the death certificate be executed within 24 hours after death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) p. COUNTY b. COUNTY a. STATE Frederick Maryland Frederick burial-Iransit permit. Then please remove carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick about 2vrs. Frederick e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS completely filled/in YES NO TY 14 West Thirteenth St. 14 West Thirteenth St. physician and campletely ti 3. NAME OF Middle Lost 4 DATE Doy Year DECEASED Titus 19 67 Mary Stoneburner April DEATH (Type or print) S SEX B. DATE OF BIRTH 9. AGE (In years IF JNDFR 1 YEAR JE JNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdov) Months Dovs Hours White Female July 26-1889 WIDOWED DIVORCED F2. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Homemaker Nr. Lovettsville-Va
14 MOTHER'S MAIDEN NAME ILS.A 13. FATHER S NAME Sallie E. Smith Wm. C. Stoneburner 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219- 46- 3650 Mrs. Guy Creager-1214N.Mkt.St.-Frederick.Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse detached for use as the e Dept. af Health priar ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE (ONDITION GIVEN IN) PART I(o) AFDICAL CERTIFICATION NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City or town) (Stote) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year fortory, street, office bldg., etc.) Hour o.m. While **Not While** 19 at work of work pe 21. I certify that (1) (this haspital) attended the deceased fram. 19 , 19___, that (I) (we) last . 10 director, page 3 shauld shauld be filed with the ___, and that death accurred at lo A M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 220 N. Market St. - Frederick, Md. 2170] Dr. Rex R. 23o. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF Lovettsville- Va. 0 Union Cemetery Rurial VR A15 (4) 20 M 1/66 Son Md. 2170. M.R. Etchison & Frederick.

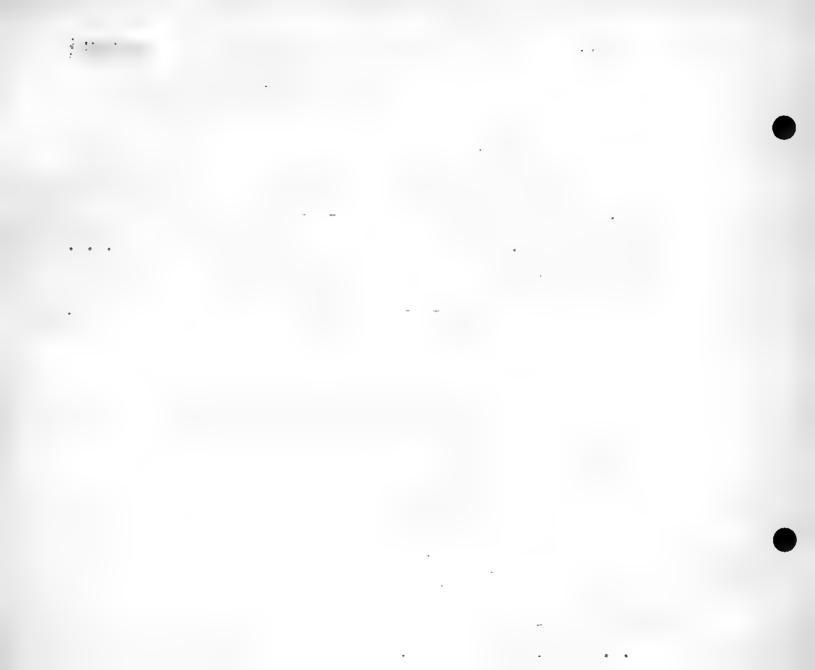


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05164 05162 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) physician and campletely filled in by the funeral on blease remave kar**ben** papers. Pages 1 and o COUNTY o STATE Frederick **b** COUNTY Maryland Montgomery MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Two Months Rockville carbon papers. d. NAME OF HOSPITA. OR INSTITUTION (If not up hospito, give street address)
Frederick Nursing Center d STREET ADDRESS IS RESIDENCE ON A FARM? 207 South Washington St. 3 NAME OF THOMAS TRUNDLE 4 DATE Month DECEASED BERTHA April 67 (Type or print) DEATH 9. AGE (In years S SEX 6 COLOR OR RACE B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED attending physician and camperemit. Then please remave burial, crematian, ar remayal, and in any ev 8 Test birthdoy) March 16, 1880 Hours White Female DIVORCED WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COJNERYA. Retife ork School refeacher Terer Point of Rocks. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emily B. Thomas Joseph H. Trundle 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dotes of service) 220-44-6297 Rockville 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Mrs. E.O. Gardner 207 Washington St. Marvland IB. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART | DEATH WAS CAUSED BY: CONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the I shauld be filed with the State Dept. of Health prior talk stoting the underlying couse 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES -NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Not While of work , to 3 (1 21. I certify that (I) (this hospital) attended the deceased fram 1956, 19, ta 2011, 1967, that (I) (we) last saw the deceased glive an 2011 1960, and that death occurred at 1964M, fram cauces and an the date stated above. 22 o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. April 8, 1967 DIRECTOR M.D. 22d ADDRESS Dr. Charles H. Conley, Jr. M.D. 228 N. Market Street Frederick, Md. NAME (Type) 23d. LOCATION (City or Town) (County Frederick, Maryland 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) Bu REMOYAL (Specify) Mount Olivet Cemetery 4-11-1967 ADDRESS 25b REGISTRAR'S SIGNATURE Frederick, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05165 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) a. COUNTY o STATE b. COUNTY Page within 72 hours ofter death MARYLAND Marwland Frederick Frederick b CITY OR TOWN (If autside carparate Limits c LENGTH OF STAY IN 16 c CITY OR TOWN (Flautside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 15 yrs Rural Hopehill Rural Hopehill d. NAME OF HOSPITA. OR INSTITUTION (If not in hasp-ta, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? glong with farm Rt 2 YES NO X Hopehill Frederick Co Item 18 Give Poges 3 NAME OF First 4 CIS\$ 4 DATE Month Day Year DECEASED 0F DEATH (Type or pnnt) 67 Ruth Ann Tucker 10 S SEX IF LINDER 1 YEAR IF UNDER 24 HRS & COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years last birthdoy) Manths Days Hours WIDOWED DIVORCED -15 - 1887Negro hours Famal . 10a USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working afe, even if retired) INDUSTRY COUNTRY? AUD Switch Board Op. المراد ال Maryland 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Clayton Diggs Rachel Crampton ond 16 SOCIAL SECURITY NO 17 INFORMANT Address ar removol. (Yes, no or unknown) (If yes give war or dates af service) 212-32-1437 Edgar Diggs Rt 2 Frederick Co.Md 363636363636 No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per me far (a), (b) and (c).) buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) s certif cate should the word cremation, Conditions, if ony, which gave rise to immediate cause (a), storing the underlying couse 00 buriol WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? No MEDICAL CERTIFICAT the certificote, 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) designoted ogent, prior PRIMARY Or CONTRIBUTING **CAUSE OF DEATH** 20c. TIME OF INJRY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (C'ty or town) (County) (State) Hour o.m. factory, street, affice bldg, etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X 0 nautry and in my opinion death resulted from. Suicide | Undetermined monner Natural couses le Accident i Hamicide 1 moy be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY 5 may be 1 TO FUNERAL Health or i DEPUTY MED CAL EXAMENER **EXAMINER'S** Robert Thomas, M.D. NAME (Type) Address (Street, city town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BURIA, CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) Frederick MdBurial 4-12-1967 Hopehill REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a RECD BY REGISTRAR C.E. Hicks, 111 Frederick, Md



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	05166 CERTIFICATE OF DEATH OF 164
1.	a CDIENTY
_	Prodorick MARYLANO STORYLONG CAPOLI
	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
-	Frederick 18 days 11t. Airy d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE.
	Frederick Menorial (1904) Park Avonue 6. IS RESIDENCE ON A FARM? YES NO RESIDENCE ON A FARM?
3.	NAME OF DECEASED First Middle Last 4. DATE Month Day Year
-	(Type or print) Carl N. Van Poule DEATH April 30 1967
3.	last birthday) Months Days Hours Min
10	WIDOWED OIVORCED ATTOM GIVE KIND OF BUSINESS OR 11. BIRT HPLACE (Gounty & State, or foreign country) 12. CITIZEN DF WHAT
du	industry Lulical Doctor INDUSTRY Jelical Doctor Jelical Tolical Doctor
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
_	Chalmers M. Van Poole Mary E. Linn
- L	b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)
	Yes 1711 10-10-0705 Ins. The 11. Value 2007 of the 20
	18. CAUSE OF DEATH (Entor only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: DISTRIBUTE TO THE TOTAL DEATH DISTRIBUTE TO THE T
	IMMEDIATE CAUSE (a) The rustalle Manghaney
	Cenditions, If any, which \ (1) Clercuroma of stone of 3-4mo
	gave rise to immediate cause (a), stating the OUE TO
1	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATIC	19. WAS ACTORS OF THE PERFORMENT OF THE PERFORME
TEE.	203 ACCIDENT WAS INDERLYING 13 20h DESCRIRE HOW INVIEW DOCUMENT OF Indian Ind
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bldg., etc.) (City or town) (County) (State)
ME	p.m. 19 While Not While
	21. I certify that (I) (this hospital) attended the deceased from 1967, to 1967, to 1967, that (I) (we) las saw the deceased alive on 1967, and that death occurred at 97 M. from the causes and on the date stated above
	saw the deceased alive on 1967, and that death occurred at 7 M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
	Herry V. Chase M.O. ATTENDING MED. STAFF DIRECTOR PHYS. 1 30 April 67
,	22c. PHYSICIAN'S NAME (Type)
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY TO COUNTY 23d. LOCATION (City, town or county) (State)
	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY COMMINISTERY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 5/4/1907 Pine France
2	AOORESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
7	J.M. Waltz Dox 241 Sykesville, Md. DATMAY 3 1967 Charles June
	5. 10 du



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0516	7	MED	ICAL EXAMINER'S	CERTIFICATE	OF DEATH	0511	55	
1. PLACE OF DEATH					(Where deceased lived, if		ice befare	admission)
G. COUNTY	Frederick		MARYLAND	o STATE New	York	Cay	uga	
b. CITY OR TOWN	(If outside carporate limits and give nearest town)		c. LENGTH OF STAY IN 16	1	autside carparate limits, wr	ite RURAL and giv	e negrest	town)
Rural	Emmitsburg			Ma	rtville,		69	2
d. NAME OF HOSE	PITAL OR INSTITUTION (If no	t in haspital, g	ive street address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM? ES NO RE
3. NAME OF DECEASED	Firs		Middle	lost	4. DATE OF	Month	Day	Year
(Type or print)	6. COLOR OR RACE		S.	Vine	DEATH Apri.			19
Female	White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	Sept. 26,18	9. AGE (In your lost birthe	eors IF UNDER doy) Months yrs.	Days	Hours Min.
	ON (Give kind of work dane ig life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Stat	te ar foreign country)	12. CI	TIZEN OF Y	WHAT
Hous	ewife		, , , , , , , , , , , , , , , , , , ,		tory, N.Y.	Ŭ	S.A.	•
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	Homer Blanc	chard		Helen	Kaykendall			
	VER IN U.S. ARMED FORCES?) (If yes give war ar dates al			INFORMANT	forboys, Mari	Address	N.V.	
1B. CAUSE OF	DEATH (Enter anly one caus	e per line/for		16	02.503.53	0477709		RVAL BETWEEN
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (of the	cerated	Heart &	- auta		ONSE	T AND DEATH
823	UE T		1 0	100 -				
	iy, which gave	(b)	rushall	Chest				
stating the unc	ate couse (a), { DUE 1	01						
last.		(c)					1	
PART II, OTHER	SIGNIFICANT CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I	(0)	P	VAS AUTOPSY PERFORMED?
20a EXTERNAL PRIMAR DE OF C CAUSE OF DEATH	CAUSE WAS ONTRIBUTING	10	SCRIBE HOW INJURY OCCURRED		1 .	herd.	- m	
20c. THME OF IN	JURY Manth, Day, Year	20d. IN	JURY OCCURED 20e. Pl	ACE OF INJURY (Home, far	rm. 20f. (City or to	van) - The	unty)	EL. (Stote)
21. cert	ify that I took charge	1	noins described obove, l			Inquiry .	ond i	in my opinio
			, Accident Su]	ii iii opiiii
	1200	01), mangam <u>(</u>	CHIEF MEDICA		ou monitor		
SIGNATURE	Lobert	11 (49)	way	M.D. ASSISTANT ME	EDICAL EXAMINER		22	. DATE SIGNE
EXAMINER'S NAME (Type)	Rosent	5	THOMAS	DEPUTY MEDI	CAL EXAMINER At county)		4-	11-67
3a. BURIAL, CREMAT		REOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City	or Town)	(County)	(Stote)
Burial (Speci	April 1	5.1967	Martville (emeterar	Martville,	Cayuga (Co. I	J.Y.

Emmitsburg, Md.

Martville Cemetery
ADDRESS

PR 13 1967

VR A 15ME (5) 6M 1/67

24. FUNERAL DIRECTOR

Clarence E. Wilson

5 may be retained for your files.

FOR

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours after death. If any delay is

P.M.3. Page

with form

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-tronsit permit. File pages 1 and 2 with Health prior to buriol, crematian, or removal, and in any event within 72 hours after death.

the State Department of

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) FREDERICK a STATE MARYLAND B. COUNTY FREDERICK MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) WOOD COOK Rural Frederick Rural Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route # 6 Frederick Route # 6 Frederick YES NO X 3. NAME OF Middle 4. DATE DECEASED **EVERS** ZEPP APRIL. Phillip 19 67 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER I YEAR 54 birthday) Months Devs June 20, 1912 MALE CAUC. WIDOWED T DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? USAF Ret d US Air Force k Martinsburg, W. Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Virginia Trager George Franklin Zepp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service 231-42-5814 Mrs. Adeline E. Zepp Rt.# 6 Frederick. Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY, 1 hr Pulmonary embolus IMMEDIATE CAUSE (e) DUE TO Carcinoma of neck 6 mos. Conditions, if any, which gave rise to immediate cause DUF TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? None KX ON 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. st work | et work 9 Apr 67 ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN REISBERG, CPT, MC USA Medical Unit, Ft Detrick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 238. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) Arlington National Cemetery Fort Myer, Virginia Buria BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Frederick, Maryland 15M 9/60

the party of the state of the s 4 4 I to make the end of the contract of the contr San C Park ALL MARKS IN R Lene orly fort Hyer, Virginia